

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Henry Ackerman

Died at Balt. Co. Highlandtown MARYLAND

Date of death 190 9 ^{Month} Feb. ^{Day} 16 ^{Years} — Age ^{Months} 1 Mo. ^{Days} 17

Sex Male Color or Race White Birth-place Balt. Co.

Occupation — ~~Where Residing if not at place of death~~ 3220 E. Balt. St.

Married, Single or ~~Widowed~~ Name of Wife or Husband —

Father's Name Henry Ackerman Father's Birthplace Baltimore City

Mother's Maiden Name Isabella Dick Mother's Birthplace Balt. City

Name of person giving Information Henry Ackerman How related to deceased Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Acute Meningitis How long 3 days

Immediate Asthma How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician G. C. Thiery M.D.

Accident or Suicide No Address 3038 E. Balt. St. Balt. Md.

Lilly and Zeiler
Undertakers
Holy Redeemer Cemetery
Feb 17 th 09

Name
in
Full

James Amacost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Calamantle		County Balt		MARYLAND						
Date of death		190	9	Month Feb	Day 2	Age	Years	Months	Days			
Sex		Male		Color or Race		white		Birth- place		Calamantle		
Occupation				Where Residing if not at place of death								
Married, Single or Widowed				Single				Name of Wife or Husband				
Father's Name				Thomas Amacost				Father's Birthplace				Balt Co Md
Mother's Maiden Name				Minnie Rannenberg				Mother's Birthplace				Balt Co Md
Name of person giving In formation				Thomas Amacost				How related to deceased				Father

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary		Premature Birth, 7 hrs.		How long		— 1 day.	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. C. L. Maffelato			
Accident or Suicide?		Address		Calamantle Md			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Warren		Baltimore		MARYLAND					
		Date of death		1909	Month	February	Day	15	Age	Years	Months	Days	29
		Sex		female		Color or Race		white		Birth-place		Warren	
		Occupation		—		Where Residing if not at place of death							
		Married, Single or Widowed		Single		Name of Wife or Husband							
		Father's Name		Robert Barcham				Father's Birthplace		Warren			
		Mother's Maiden Name		Elona May Ireland				Mother's Birthplace		Warren			
Name of person giving information		Robert Barcham				How related to deceased		father					
CAUSES OF DEATH										(151)			
PHYSICIAN OR CORONER		Primary		Marasmus				How long		3 weeks			
		Immediate		Concussion				How long		36 hrs.			
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Dr. B. R. Benson					
						Address		Cokeysville					
								Md					
Accident or Suicide?													

Interment at Poplar
Wednesday 18th

N. C. Brooks

Name
in
Full

Mrs Mary E. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edgerfield ^{Town} Bolton ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Feb. ^{Day} 4 Age 71 ^{Years} 0 ^{Months} 7 ^{Days}

Sex Female Color or Race White Birth-place Pca.

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or ~~Husband~~ Edmund F. Barnes

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Edmund F. Barnes How related to deceased Husband

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

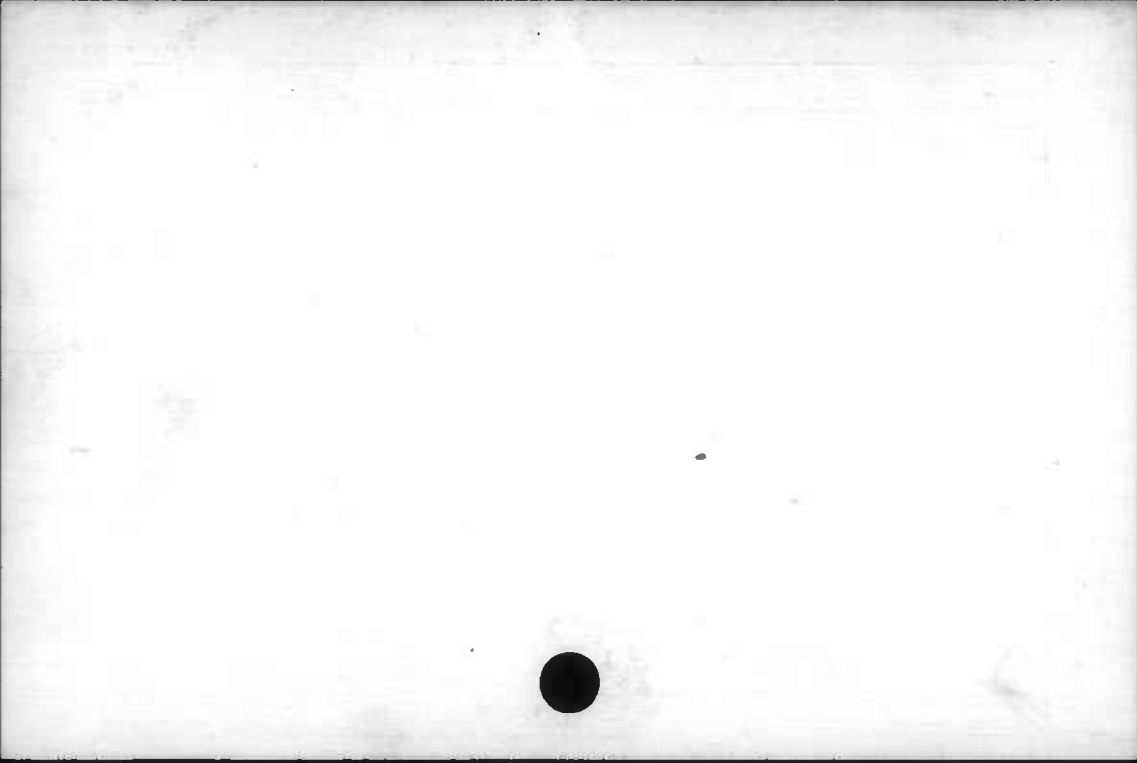
Primary Influenza Pneumonia How long 13 years

Immediate Heart Insufficiency ^{Chronic} 1 year How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank C. Elected

J Address Sharon Point Md

Not a Guide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Beckman</i>		Town <i>Roskburg</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 2 18</i>		<i>81</i>		<i>10 4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Roskburg</i>					
Married, Single or Widow		Name of Wife <i>Margaret Beckman</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>in</i>					
Name of person giving information <i>Margaret Beckman</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. L. Corcoran</i>	
Accident or Suicide?		Address <i>Gardenville Md</i>	

4
Holy Redeemer

Name
in
Full

Andres Beidenbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Raspensburg ^{Town} Baltimore ^{County} MARYLAND

Date of death 1909 February ^{Month} 20th ^{Day} Age 73 ^{Years} Months Days

Sex Male Color or Race White Birth-place Germany

Occupation Labourer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband Annie Beidenbach

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Annie Beidenbach How related to deceased Wife

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

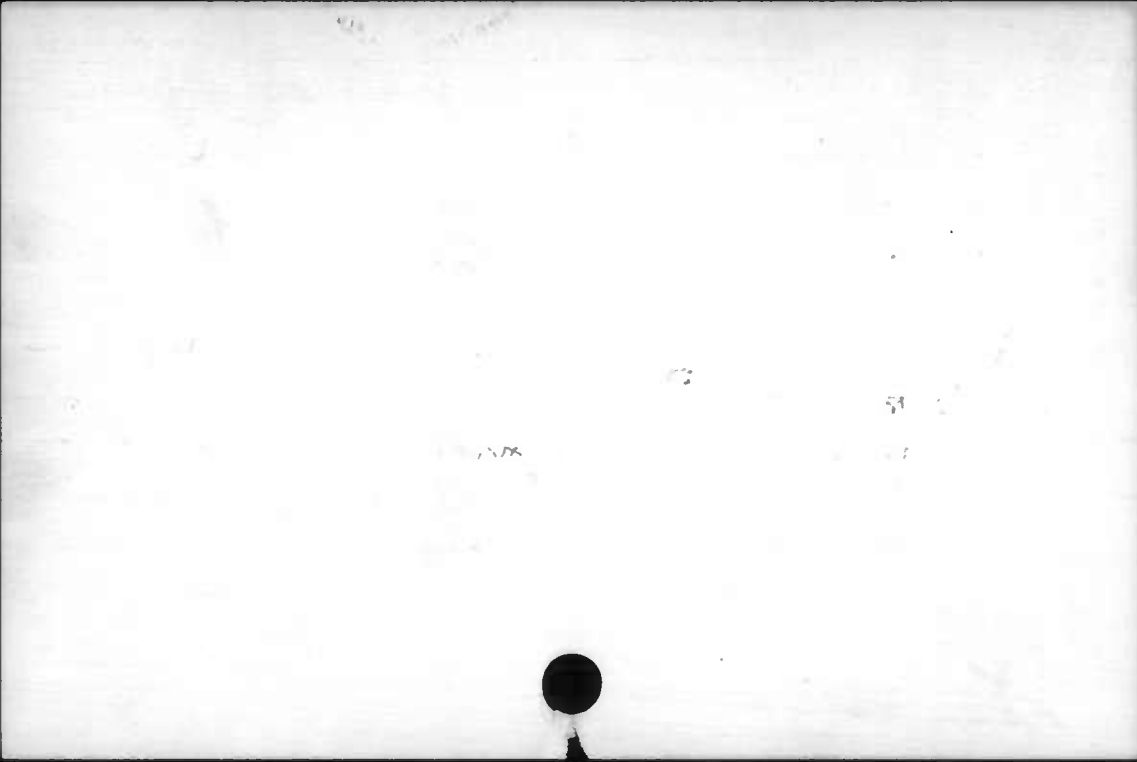
Primary Asthma Scindity How long 3 years

Immediate Dyspnoea How long few hours

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician Dr J. B. Webster Address Raspensburg Md

Accident or Suicide ☒



Name
in
Full

Harry Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Rossville* ^{County} *Bucks* **MARYLAND**

Date of death 190*9* ^{Month} *July* ^{Day} *23* ^{Years} *47* ^{Months} *10* ^{Days} *—*

Sex *Male* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or ~~Husband~~ *Kate Bennett*

Father's Name *Daniel C. Bennett* Father's Birthplace *md*

Mother's Maiden Name *Blanche L. Richardson* Mother's Birthplace *md*

Name of person giving Information *Warren Bennett* How related to deceased *Brother*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Haemorrhage* How long *5 days -*

Immediate *Aschemia* How long *2 days -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John C. Hamilton M.D.
Middle River, Md

Accident or Suicide *no*

1st. with 2nd and 3rd

2nd. with 1st and 3rd

3rd.

Name
in
Full

Mary Ann Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

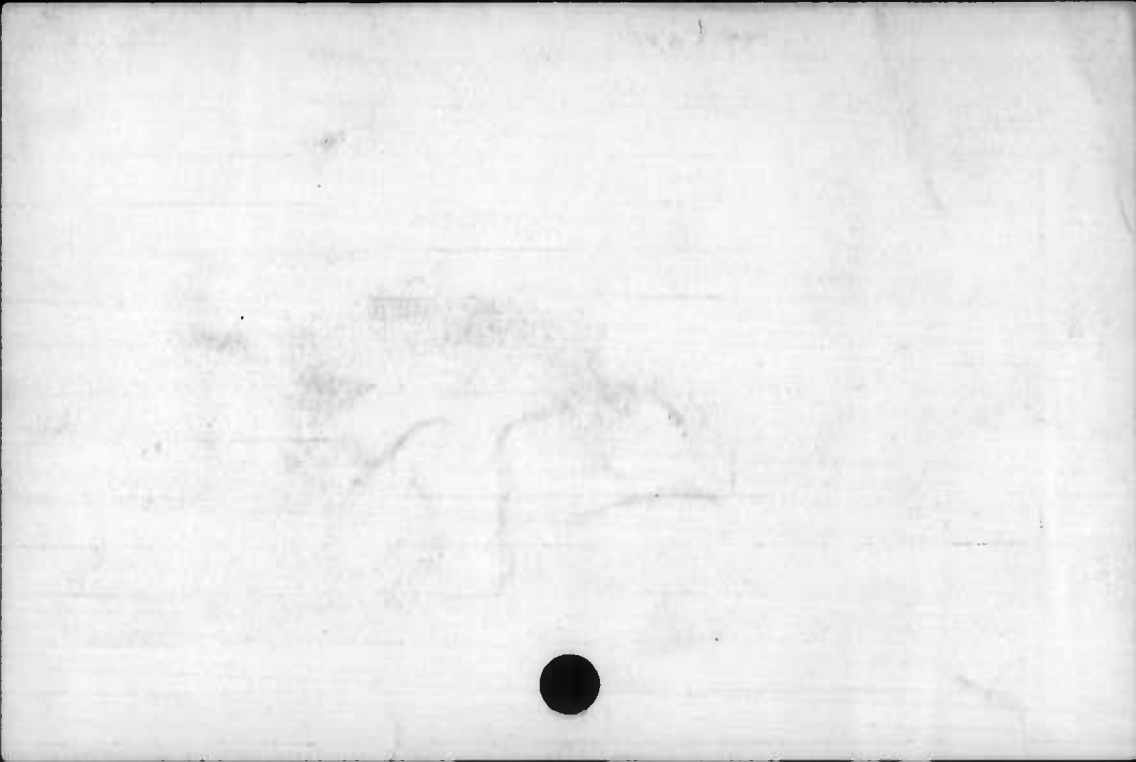
Died at <i>Long Green</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Feb</i> ^{Month}	<i>13</i> ^{Day}	Age <i>85</i> ^{Years}	<i>11</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Livingston M. Bennett</i>			
Father's Name <i>John Lewis</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Ann Tuxford</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Sarah E. Bennett</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long _____
Immediate <i>General debility</i>	How long <i>several years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Green</i>
<i>J</i>	Address <i>Sittings</i>
Accident or Suicide?	<i>Ind. "</i>



Name
in
Full

Hellen Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lowson		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	24	43			
Sex female		Color or Race (Col)		Birth-place Md.			
Occupation Laundress		Where Residing if not at place of death Stevens Ave. (Lowson)					
Married, Single or Widowed widow		Name of Wife or Husband Mother Benson					
Fether's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Joseph Baubert		How related to deceased Son-in-law					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grip and Bronchitis	How long	10 weeks
Immediate	General debility	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. [Signature]	
Address Lowson Md.			
Accident or Suicide?			

B. C. Elliott
Sandyhook Country

Name

in
Full

Born Dec 31

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Bishop

Died at *Glenarm* Town*Balto* County

MARYLAND

Date of death *1909 Feb 2* Month DayAge *—* Years*1* Months *2* DaysSex *Female*Color or Race *colored*Birth-place *Glenarm*Occupation *—*

Where Residing if not at place of death

Same

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Joseph Bishop*Father's Birthplace *Maryland*Mother's Maiden Name *Ella Perkins*Mother's Birthplace *Maryland*Name of person giving information *Joseph Bishop*How related to deceased *Father*

CAUSES OF DEATH

87

Primary

Cold

How long

*1 week*Immediate *Convulsions*

How long

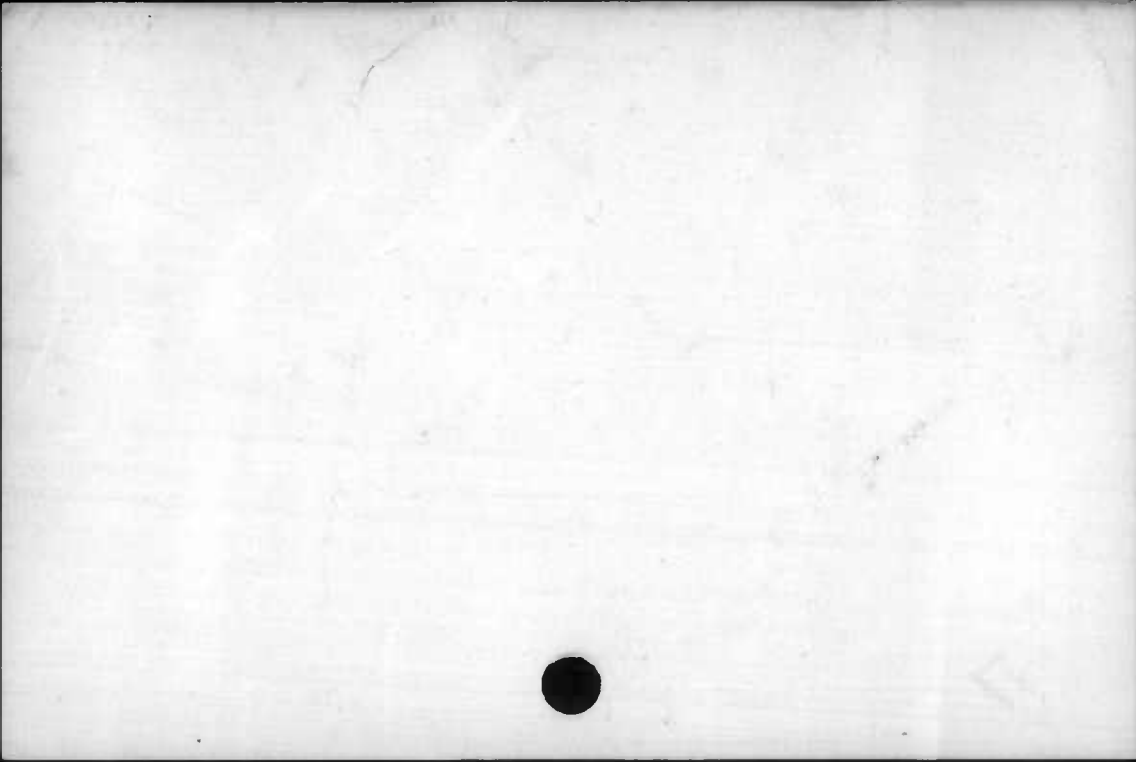
6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John S. Green**Sitting**Ind. 11*Accident *— Suicide?*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry R. Bond</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Pikesville</i>		Month <i>2</i>		Day <i>8</i>		Years <i>72</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. City</i>			
Occupation <i>Tobacco Manufacturer</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie Bond</i>					
Father's Name <i>Jos. Bond</i>		Father's Birthplace <i>Balto. City</i>					
Mother's Maiden Name <i>Carrie Benson</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Catherine Oliver</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>		How long <i>Several months</i>	
Immediate <i>Exhaustion</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Wynn</i>	
		Address <i>Pikesville Md.</i>	
Accident or Suicide? <i>8</i>			

J. H. Krayz
London Paul

Name
in
Full

Rosalie A. Borleis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	25	1		9	—
Sex	Female	Color or Race	White	Birth-place	Balto Co.		
Occupation	none			Where Residing	117 S. 3 rd St.		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		August Borleis			Father's Birthplace		Balto
Mother's Maiden Name		Rosalie A. Goldschmidt			Mother's Birthplace		" "
Name of person giving information		August Borleis			How related to deceased		Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	How long	1 week
Immediate	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. H. Collier
Address		1810 2 nd Baltimore St
Accident or Suicide	no	

Balto Bern.

Hewig & Son

2/28/09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		190 <i>9</i>	Month <i>Feb</i>	Day <i>15th</i>	Age <i>68</i>	Years <i>Five</i>	Months <i>Three</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Towson</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Sylvester Bowen</i>					
Father's Name <i>James Langley</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Susan Langley</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving Information <i>B C Marley</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>10 years</i>
Immediate	<i>Chronic Bronchitis</i>	How long	<i>10 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. A. Jones M.D.</i>	
Accident or Suicide		Address <i>Towson Md</i>	

John Burns Sr
Prospect Hill
Conn.

Name
in
Full

William L. Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> <small>Town</small>		<u>Balts</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>2</u>	Day <u>19</u>	Age <u>33</u>	Months <u>3</u> Days <u>22</u>
Sex	<u>Male</u>		Color or Race <u>White</u>	Birth-place	<u>Balts Md</u>
Occupation	<u>Machinist</u>		Where Residing if not at place of death <u>1914 Light St</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>John Bowers</u>			Father's Birthplace	<u>Balts Md</u>
Mother's Maiden Name	<u>Margaret Forrester</u>			Mother's Birthplace	<u>Balts Md</u>
Name of person giving information	<u>Miller H. Wagner</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<u>Falling from motor boat</u>	How long	<u>Immediate</u>
Immediate	<u>Drowning</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>August W. Miller (Coroner)</u>
		Address	<u>Mt Winans</u>
<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide	<u>Accident</u>		<u>Balts Co. Md.</u>

13

Armstrong Denney Co
Louden Park Cemetery

Name
in
Full

Annie M. C. Bowling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanarville</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>35</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Grindon Lane</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles C. Bowling</i>				
Father's Name <i>Frederick W. Froeger</i>	Father's Birthplace <i>Gery</i>				
Mother's Maiden Name <i>Mollie C. Bush</i>	Mother's Birthplace <i>Gery</i>				
Name of person giving information <i>Charles C. Bowling</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geary A. Ing M.D.</i>
<i>J</i>	Address <i>Hamilton</i>
Accident or Suicide? <i>No</i>	<i>Md 18</i>

Western Cemetery

E. Schloman Esq
1024 Hanover St

Name
in
Full

Frank A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Louis Town* *Boalt* County

Date of death *1909 Feb.* *1* Day *50* Years Months Days

Sex *Male* Color or Race *White* Birth-place *G. G. Co Md.*

Occupation *Engineer* Where Residing if not at place of death *at his home*

Married, Single or Widowed *Married* Name of Husband *Louisa Brown*

Father's Name *Ruben H. Brown* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Anderson* Mother's Birthplace *Md.*

Name of person giving information *Louisa Brown* How related to deceased *wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Interstitial Nephritis* How long *4 wks.*

Immediate *Cardiac Paralysis* How long *one hour*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank H. Reuhl*

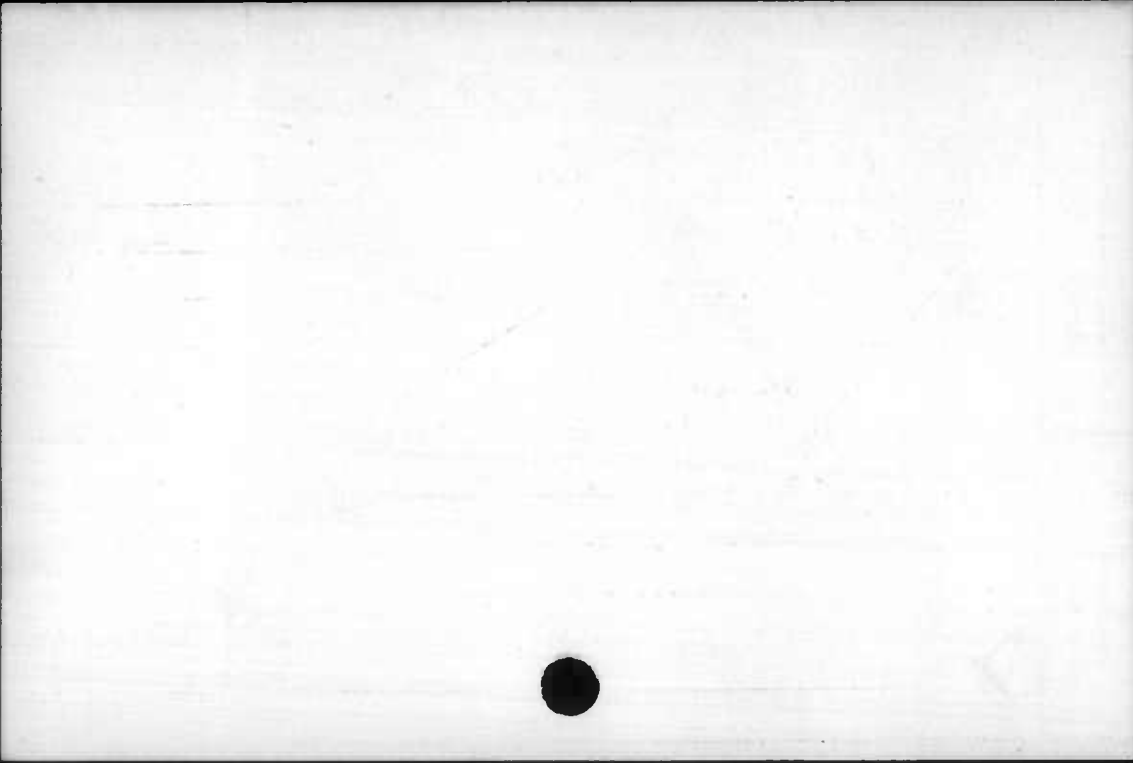
J Address *Louis Town Boalt*

Accident or Suicide?

W. B. Cook.
Linden Park.

Name in Full Wm Tabis. Brown.		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Catonsville <small>Town</small>		Balto <small>County</small>
	Date of death 1909 Feb. <small>Month</small>		10 <small>Day</small>
	Age 82 <small>Years</small>		— <small>Months</small>
	Sex male		Color or Race white
	Occupation Silver Smith.		Where Residing if not at place of death Catonsville Md
	Married, Single or Widowed Single		Name of Wife or Husband none
	Father's Name Joseph E Brown.		Father's Birthplace Balto Co
Mother's Maiden Name Catara Concilman		Mother's Birthplace Balto Co	
Name of person giving information Geo Camilean.		How related to deceased Nephew	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary nephritis.		How long 4 yrs.
	Immediate asthenia		How long 6 days
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B. West.
	J		Address Catonsville, Md.
	Accident or Suicide? —		

120



Name
in
Full

Marie Busse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1909	Month	Feb	Day	10	Age	1
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Balto Co	
Where Residing if not at place of death		823 J. First St					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Carl Busse				Father's Birthplace	
Mother's Maiden Name		Gertrude Schoen				Mother's Birthplace	
Name of person giving information		Mrs Gertrude Busse				How related to deceased	
						Mother	

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles	How long	2 weeks
Immediate	Laryngeal Stenosis	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. H. Hetherington	
		Address	
		3200 Hudson St	
Accident or Suicide?			

Trinity Cem

Feb 11th 1909

St Nicolaus & son
1820 Canton Ave

Name
in
Full

Rena Anna Ballow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>catonsville</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>15</i>	Age <i>15</i>	Months <i>2</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Albert Henry Ballow</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Elizabeth Tavenner</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Mrs Leroy Ballow</i>			How related to deceased <i>Aunt.</i>		

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Kidney</i>	How long <i>6 mos</i>
Immediate <i>Uraemic coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C L Maupfeldt M D</i>
<i>S</i>	Address <i>catonsville md</i>
	Accident or Suicide? <i>—</i>

Lewis' F. Schaefer

Name
in
Full

Elizabeth Christ

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Orangetown Balto County

Date of death 1909 Feb. 25 81 Age 4 Months Days

Sex Female Color or Race White Birth-place Germany

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Christ

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving information J. M. Christ How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Scurlitis

Immediate Asphyxia

How long

How long

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Geo. S. LonerellaAddress 1507 E. Bay St.
Balto City

Accident or Suicide?

Jernvaleu Cemetery

Name
in
Full

Elias. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town 3926 E. Pratt		County Baltimore		MARYLAND	
Date of death		Month 1909	Day Feb	Years 19	Months 6	Days 4	
Sex male		Color or Race White		Birth- place 3926 E Pratt			
Occupation —		Where Residing if not at place of death 3926 E Pratt					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Robert Clark		Father's Birthplace Baltimore					
Mother's Maiden Name Christina Wenhed		Mother's Birthplace Baltimore					
Name of person giving Information Mother		How related to deceased Mother					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth
Immediate	asthenia

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. L. Burke M.D.
3042 Hudson St

Accident or Suicide



Name
in
Full

Mr James Joseph Cloney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb	10	35			
Sex	Male	Color or Race	White	Birth-place	Pa		
Occupation	Machinist			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
John Cloney				none			
Father's Name	John Cloney			Father's Birthplace			
Pa				Mother's Birthplace			
Mother's Maiden Name				Winnifred Conroy			
Pa				How related to deceased			
Name of person giving information				Miss Margaret Conroy			
Amst.							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long?	?
Immediate	Pulmonary haemorrhage	How long	15 min
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Alejo W. Foster, M.D.	
Address		Hospital for Consumption & Phthisis	
Accident or Suicide?		No	
		Towson, Md.	

Chas F. Evans
118 Wm. J. Royal Ave.

Name
in
Full

Ellen G. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Rulan & Park</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	1909	Month	<i>July</i>	Day	<i>13</i>	Age	<i>80</i>
				Years		Months	<i>10</i>
Sex	<i>Female</i>	Color or Race		<i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Living at home</i>				Where Residing if not at place of death			
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband		<i>Lewis M. Cole</i>	
Father's Name		<i>John Wesley Ruff</i>		Father's Birthplace		<i>Baltimore</i>	
Mother's Maiden Name		<i>Rachel Thomas</i>		Mother's Birthplace		<i>Carroll Co.</i>	
Name of person giving information		<i>John W. Cole</i>		How related to deceased		<i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Tabular Disease of heart -</i>	How long	<i>4 or life</i>
Immediate	<i>Myocardial Infarction</i>	How long	<i>September 1908</i>
Are the name, age, sex, color, etc and place correctly given above?		Signature of Physician <i>Alice S. Parkhurst</i>	
<i>Yes</i>		Address <i>1410 Park Avenue</i>	
Accident or Suicide?			

Place of Burial, Greenmount Cemetery, Baltimore
Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

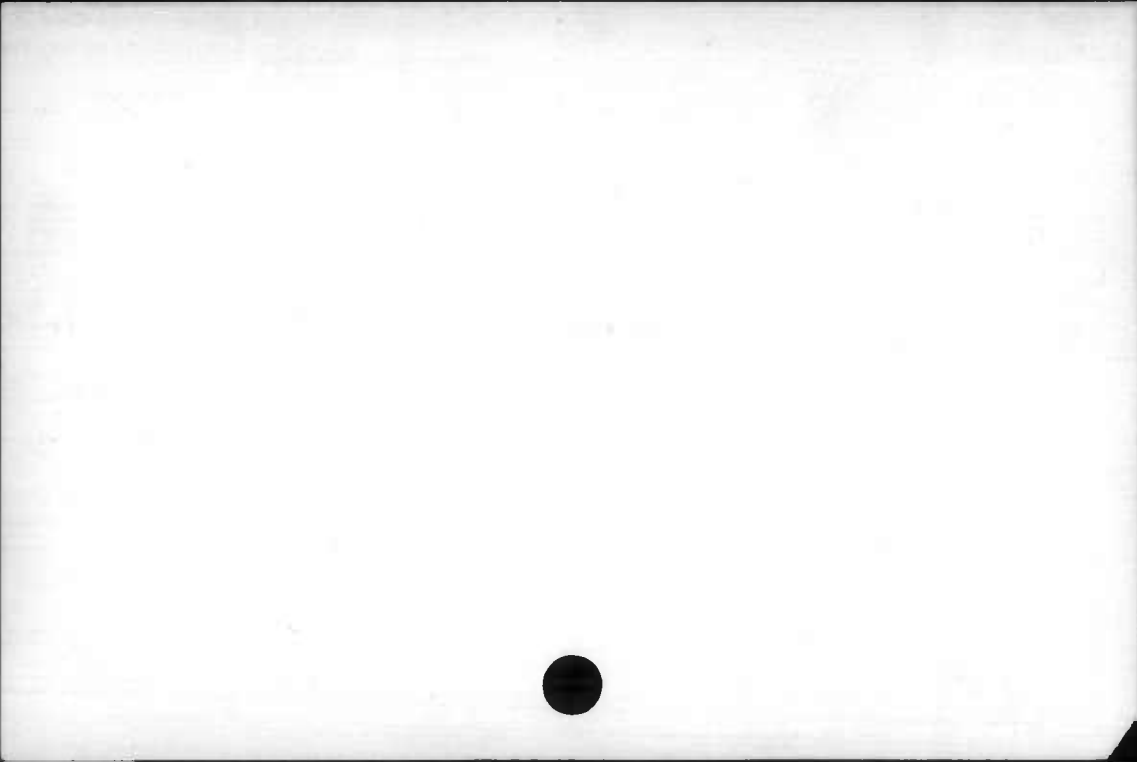
Name in Full <i>William J. Cooper</i>		Town <i>Catoonsville</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Catoonsville</i>		Month <i>Feb</i>		Day <i>6</i>		Years <i>40</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>6</i>		Years <i>40</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>x</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Md. Hosp. for Insane</i>		Days <i>x</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Wm J. Cooper</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Margaret Harrison</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Mrs. H. C. De Leon</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>4 days -</i>
Immediate	<i>Coma</i>	How long	<i>2 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>R. Edw. Garrett</i>	
Address <i>Md. Hosp. for Insane</i>		Address <i>Catoonsville, Md</i>	
Accident or Suicide <i>No.</i>			



Name in Full		Alice G. Crutchfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Catonsville		County Baltimore		MARYLAND		
		Date of death 1909		Month Feb'y	Day 3	Age 44	Months x	Days x
		Sex Female		Color or Race white		Birth- place Virginia		
		Occupation None		Where Residing if not at place of death Md. Hosp. for Insane				
		Married, Single or Widowed Single		Name of Wife or Husband x				
PHYSICIAN OR CORONER		Father's Name Andrew F. Crutchfield				Father's Birthplace Balto. Md.		
		Mother's Maiden Name Sarah L. Davies				Mother's Birthplace Balto. Md.		
		Name of person giving information Dr. Eugene Crutchfield				How related to deceased Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(27)</div>								
PHYSICIAN OR CORONER		Primary Pulmonary Tuberculosis				How long 6 months		
		Immediate Exhaustion				How long 1 month		
		Are the name, age, sex, color, date and place correctly given above? Yes.				Signature of Physician R. Edw. Garrett		
		<div style="text-align: center;">No.</div>				Address Md. Hospital for Insane Catonsville Md		
		Accident or Suicide?				No.		

E M Mitchell
1201 W Fayette St
to Loudan Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marie Jane Gross</i>		Town <i>Towson</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Towson</i>		Month <i>2</i>		Day <i>4</i>		Years <i>55</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Virginia Ave. Towson</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Thomas Gross</i>					
Father's Name <i>Wm. D. Nicoll</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Catherine M. Quire</i>		Mother's Birthplace <i>P. a.</i>					
Name of person giving Information <i>Mrs. W. J. Nicoll</i>		How related to deceased <i>Sister in law</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>12 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Sarratt</i>	
<i>Yes</i>		Address <i>Towson</i>	
Accident or Suicide			

Govanstown Presbyterian
Cem
Saturday. Feb 6th 1809

W^m Hook
Undertaker.

Name
in
FullPremature Birth (not ~~birth~~ ^{birth})

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

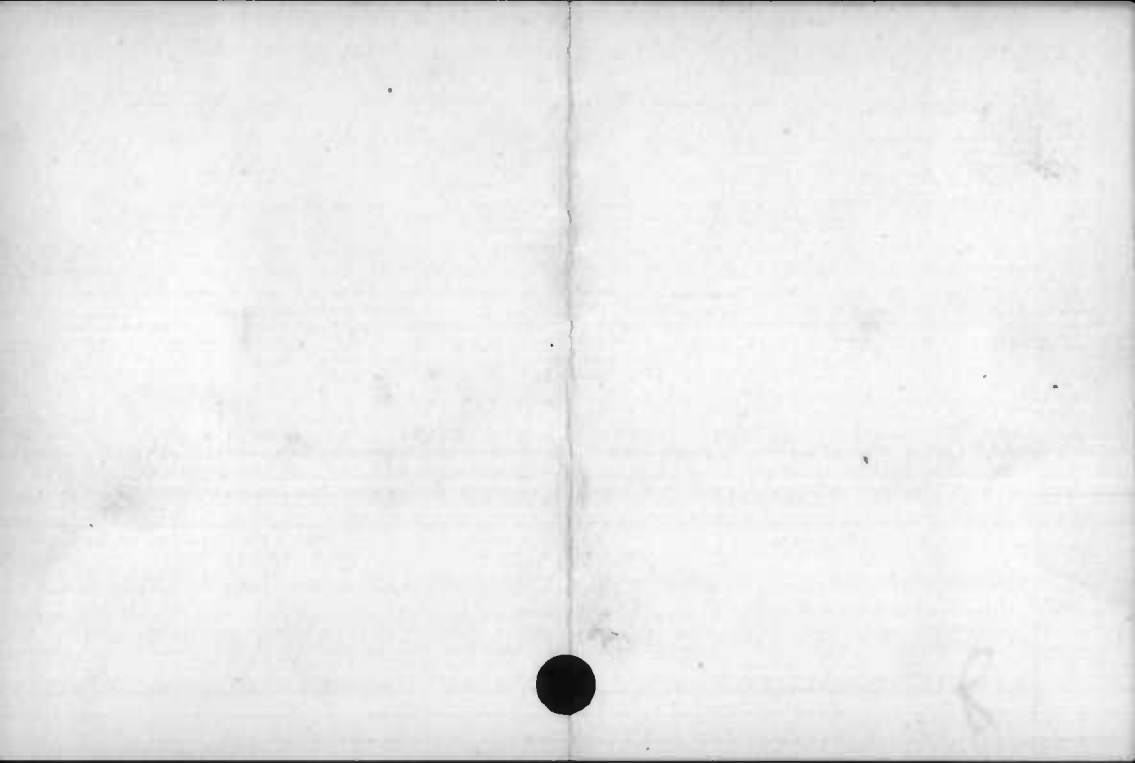
Died at <i>Norran</i> ^{Town} <i>md</i>		<i>Baths</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Feb</i> ^{Month}	<i>2</i> ^{Day}	Age <i>Years</i>	<i>Months</i>	<i>2 hours</i> ^{Days}
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Norran md</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Curtis</i>			Father's Birthplace <i>Brooklyn md</i>		
Mother's Maiden Name <i>Mary Alberta Williams</i>			Mother's Birthplace <i>Norran md</i>		
Name of person giving information <i>Mary Alberta Williams</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth - 26 or 27 weeks</i>	How long <i>—</i>
Immediate <i>Fishy - not viable</i>	How long <i>Lived about 2 hours</i>
Are the name age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. R. Bauman</i>
<i>J</i>	Address <i>Brooklyn md</i>
Accident or Suicide?	



Name
in
Full

Salome E. S. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Glyndon</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	1909	Month	<i>Feb</i>	Day	<i>6</i>
Age	<i>6</i>	Years	<i>6</i>	Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Howard co</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Wm T Dixon</i>			Father's Birthplace	<i>Frederick co</i>
Mother's Maiden Name	<i>Salome E Sechrist</i>			Mother's Birthplace	<i>York co Pa</i>
Name of person giving Information	<i>Wm T Dixon</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

Primary	<i>Double pneumonia & Peritonitis</i>	How long	<i>10 days</i>
Immediate	<i>Heart failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. McBride</i>
		Address	<i>Glyndon Md</i>
Accident or Suicide	<i>X</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Dotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irvington</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>February</i>	Day <i>22nd</i>	Age <i>54</i> Years	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Religiouse</i>			Where Residing if not at place of death <i>Mt St Joseph College</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ireland?</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland?</i>			
Name of person giving information <i>Brother Norbert</i>		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long <i>about one year</i>
Immediate	<i>Asthenia</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John G. Kollyday M.D.</i>
<i>X</i>		Address <i>714 Frederick Ave</i>
Accident or Suicide?		<i>Baltimore</i>

Kause & Bro A. F.
Bourne Bray.

Name
in
FullAraguante Fendall D wall
Died at Roland Park Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Feb. 13 Age 79 7 Months 7 Days

Sex Female Color or Race White Birth-place Balto C. Md.

Occupation — book Where Residing if not at place of death Roland Park Md.

Married, Single or Widowed Widow Name of Wife or Husband Wm. B. D wall

Father's Name A. Charles Edward Fendall Father's Birthplace Maryland

Mother's Maiden Name Miss Francis Cooper, Essex Mother's Birthplace Maryland

Name of person giving information Mrs. Chas. H. Dietz How related to deceased Daughter

CAUSES OF DEATH

79

Primary Chronic Nutra Regurgitation How long 15 mos +

Immediate Ulcerative Enteritis & Skin infections How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. Gibson Porter

Address Roland Park Md.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Place of burial Greenmount Cem
Henry W. Jenkins & Sons Co
300 W. Madison St.

Name
In
Full

John Ewalt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Feb</u> <small>Month</small>	<u>22nd</u> <small>Day</small>	<u>39</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Balto City</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Leobius Ewalt</u>	Father's Birthplace <u>Balto City</u>				
Mother's Maiden Name <u>Margaret R. Holzman</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mrs Margaret Goodman</u>	How related to deceased <u>Widow</u>				

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <u>Cardiac Syncope</u>	How long <u></u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
<u>[Signature]</u>	Address <u>2276 E Balto St</u>
Accident or Suicide?	

Mr. B. Cook

Cup Farm Conn

Feb. 25/09

Name
in
Full

Annie Fairfax

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

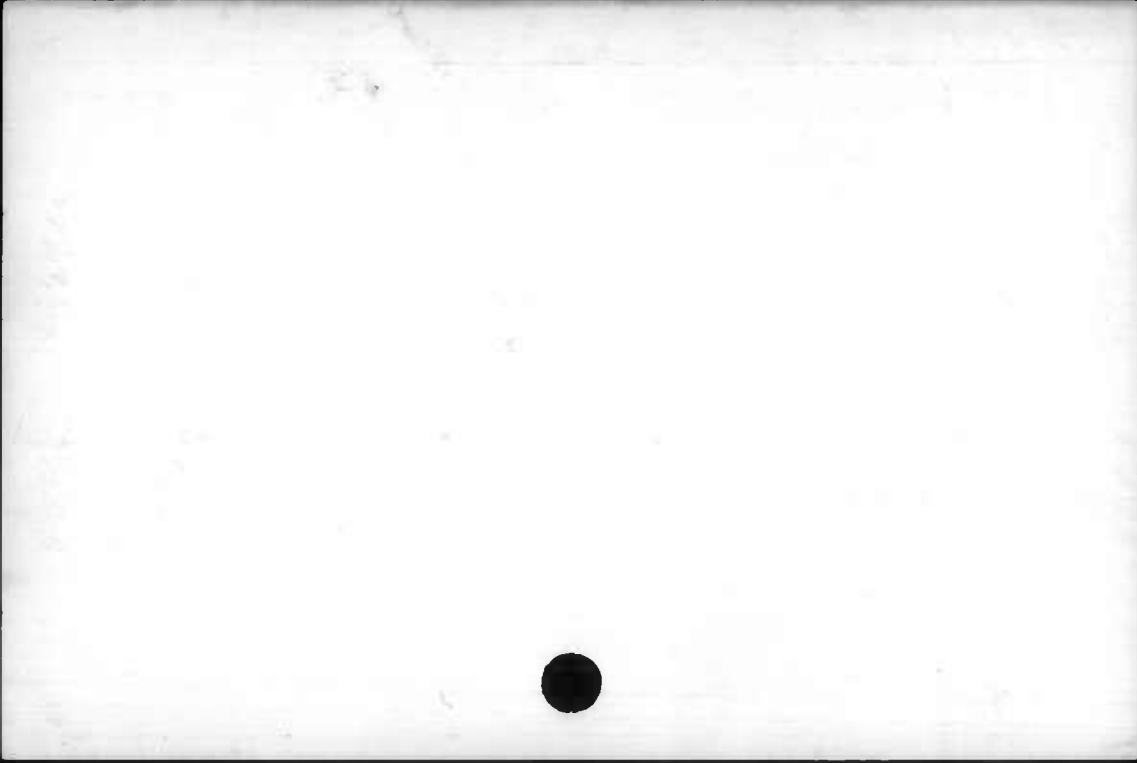
Died at *Onwings Mills* Town *Balto* County
 Date of death 190 *9* Month *Feb* Day *19* Age *65* Years Months Days
 Sex *Female* Color or Race *Colored* Birth-place *a a Co Md*
 Occupation *House wife* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Chancey Fairfax*
 Father's Name *Thomas Word* Father's Birthplace *a a Co Md*
 Mother's Maiden Name *Elizabeth Smith* Mother's Birthplace *a a Co Md*
 Name of person giving Information *Chancey Fairfax* How related to deceased *Husband*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Lagripp* How long *5 days*
 Immediate *Acute Peritonitis* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James Gore M.D.*
 Address *Reisterstown Md.*
 Accident or Suicide *8*



Name
in
Full

Levi Ferguson

CERTIFICATE OF DEATH

Died at *Perry Hall* ^{Town}*Baltimore* ^{County}

MARYLAND

Date of death *1909* ^{Month} *2* ^{Day} *7*Age *84* ^{Years}*10* ^{Months}*15* ^{Days}Sex *Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Farmer*Where Residing if not
at place of death*Perry Hall, Ind.*~~Married~~ Single
WidowedName of Wife
Husband*of Kezia Ferguson*Father's
Name*Levi Ferguson*Father's
Birthplace*Ind*Mother's
Maiden Name*Eliza Barton*Mother's
Birthplace*Ind*Name of person giving
In formation*Mrs Henry W. Patterson*How related
to deceased*Niece*

CAUSES OF DEATH

154

Primary

Infirmities of age

How long

Immediate

How long

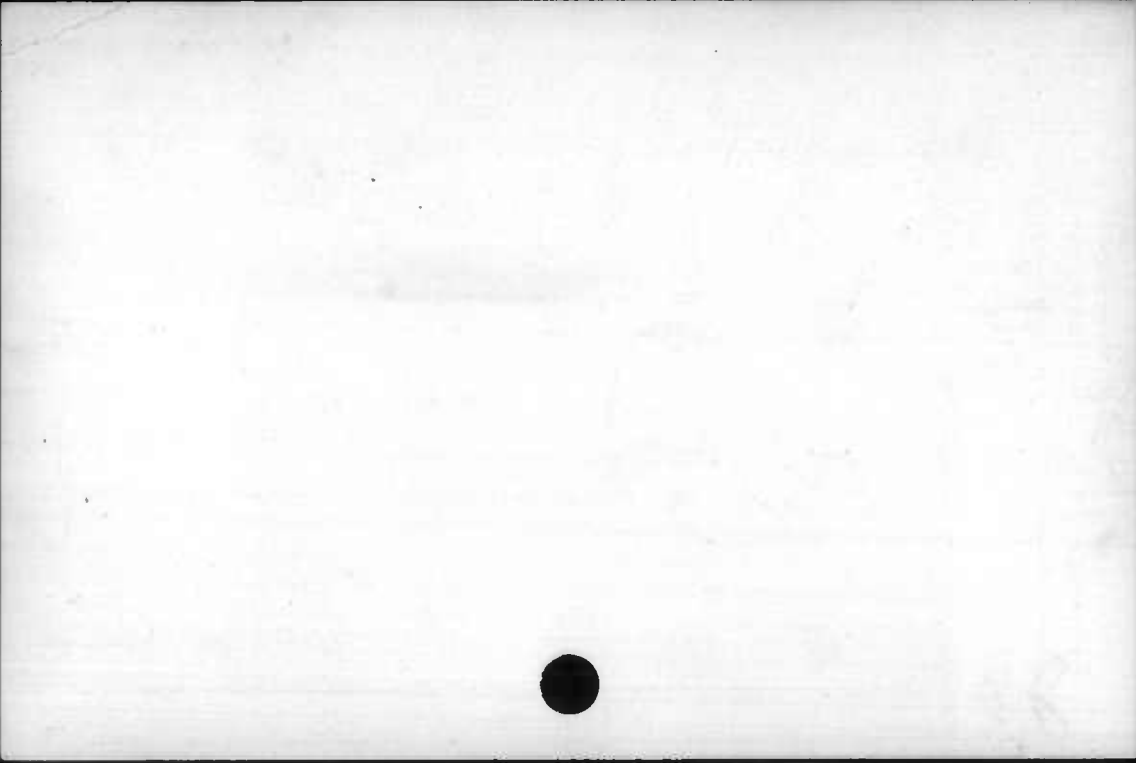
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. J. Harrison*

Address

Loch Raven

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Flynn

Town

County

Died at Endowood San. Towson

Balto.

MARYLAND

Date
of death 1909

Month

Feb

Day

17

Age

Years

17

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Balto.

Occupation

None

Where Residing if not
at place of death

Baltimore City

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

William H. Flynn

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mary Schwab

Mother's
Birthplace

Unknown

Name of person giving
In formation

Attending Physician

How related
to deceased

None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs?

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

S. Wickes Merritt, M.D.

Address

Endowood San. Towson Md.

Accident or Suicide?

John A. Moran

Bank and Ann St

1118 Greenmount Ave

Name
in
Full

Dennis E. Foley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Greenstons* ^{County} *Balto, Co.* **MARYLAND**

Date of death 1909 ^{Month} *Feb* ^{Day} *22.* Age ^{Years} *72* ^{Months} *0* ^{Days} *18.*

Sex *Male* Color or Race *white* Birth-place *Ireland*

Occupation *Cabinet Maker* Where Residing if not at place of death *Greenstons.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary agnes Foley*

Father's Name *Eager. Foley.* Father's Birthplace *Ireland*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Minnie Foley.* How related to deceased *Daughter in Law.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* 64 How long *1 yr.*

Immediate *Apoplexy* How long *8 hours.*

Are the name, age, sex, color, date and place correctly given above? *as near as possible* Signature of Physician *H. C. Houshord*

8 Address *(Green) Balto Ind.*

Accident or Suicide *Neither*

25-
Holy Cross Cemetery

Feb 25th 1909

H.C. Wiedefeld

914 Greenmount Ave

Name
in
Full

Catherine

French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Govanstown* TownCounty *Baltimore*Date
of death *1909*Month *Feb*Day *16*Age *48*

Years

Months

Days

Sex *Female*Color or
Race *White*Birth-
place *Ireland*Occupation *none*Where Residing if not
at place of death *Govanstown*Married, Single
or Widowed *Widow*Name of Wife or
Husband *James French*Father's
Name *do not know*Father's
Birthplace *do not know*Mother's
Maiden Name *do not know*Mother's
Birthplace *do not know*Name of person giving
In formation *Ed Fields*How related
to deceased *none*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONERPrimary *Hit by car. Wm. R.R.*How long *Immediate*Immediate *Crushed by being Run over*How long *Immediate*Are the name, age, sex, color, date
and place correctly given above? *as near as possible*Signature of
Physician *J. C. Heston**J*Address *Govan/Balto Ind.*Accident or Suicide? *Accident*

Mr. Hakey & Sons

606 W. Lafayette Ave

Balt City

To St Marys Cemetery
Baltimore

Name
In
Full

Mrs. Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

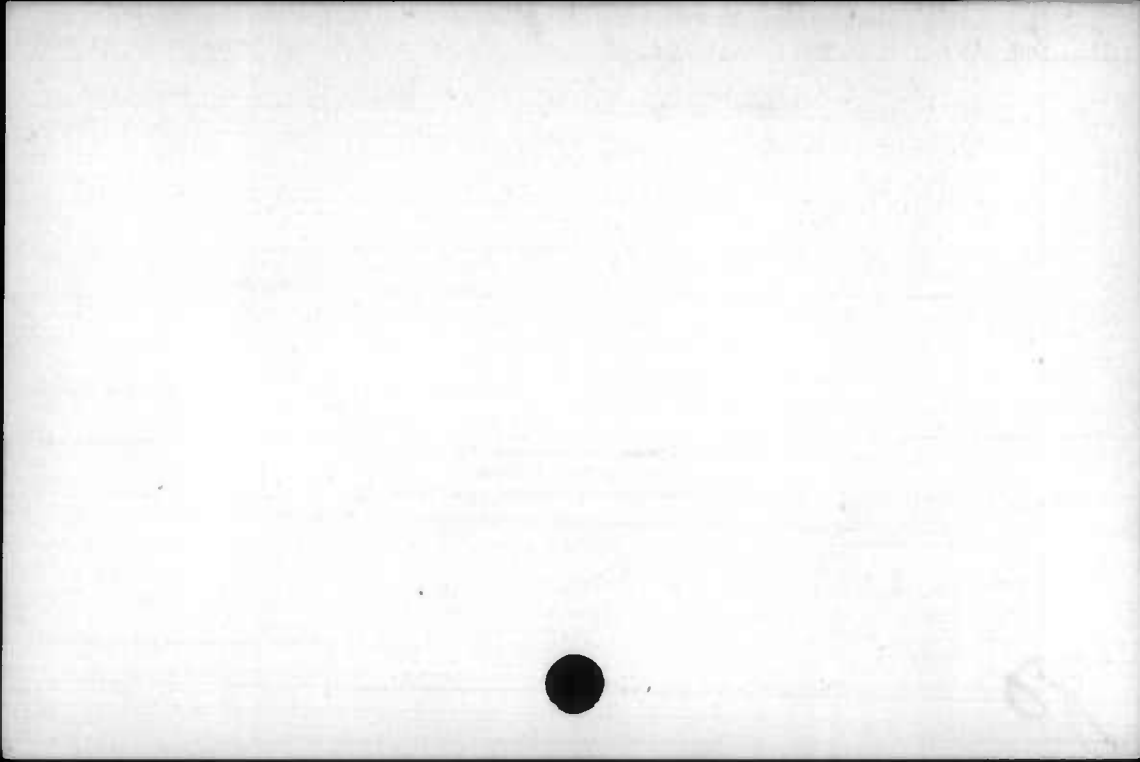
Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death		1909	Month 2	Day 15	Age 58	Years	Months —
Sex Female		Color or Race White		Birth- place Md			
Occupation House Wife		Where Residing if not at place of death 519 Shep St					
Married, Single or Widowed Married		Name of Wife or Husband Do not know					
Father's Name Do not know		Father's Birthplace Do not know					
Mother's Maiden Name Do not know		Mother's Birthplace Do not know					
Name of person giving In formation S. A. Gardner		How related to deceased none					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Thrown from a runaway hack.	How long
Immediate	Fractured by falling	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Pikesville
Accident or Suicide?		
Accident		



Name
in
Full

Anastasia Furlong

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>2</i>	Day <i>22</i>	Age <i>73</i>	Months. Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Home</i>		Where Residing if not at place of death .			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Walter Furlong.</i>				
Father's Name <i>—</i>	<i>Moran</i>			Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Ireland</i>	
Name of person giving information <i>Philip Furlong</i>				How related to deceased <i>Son</i>	

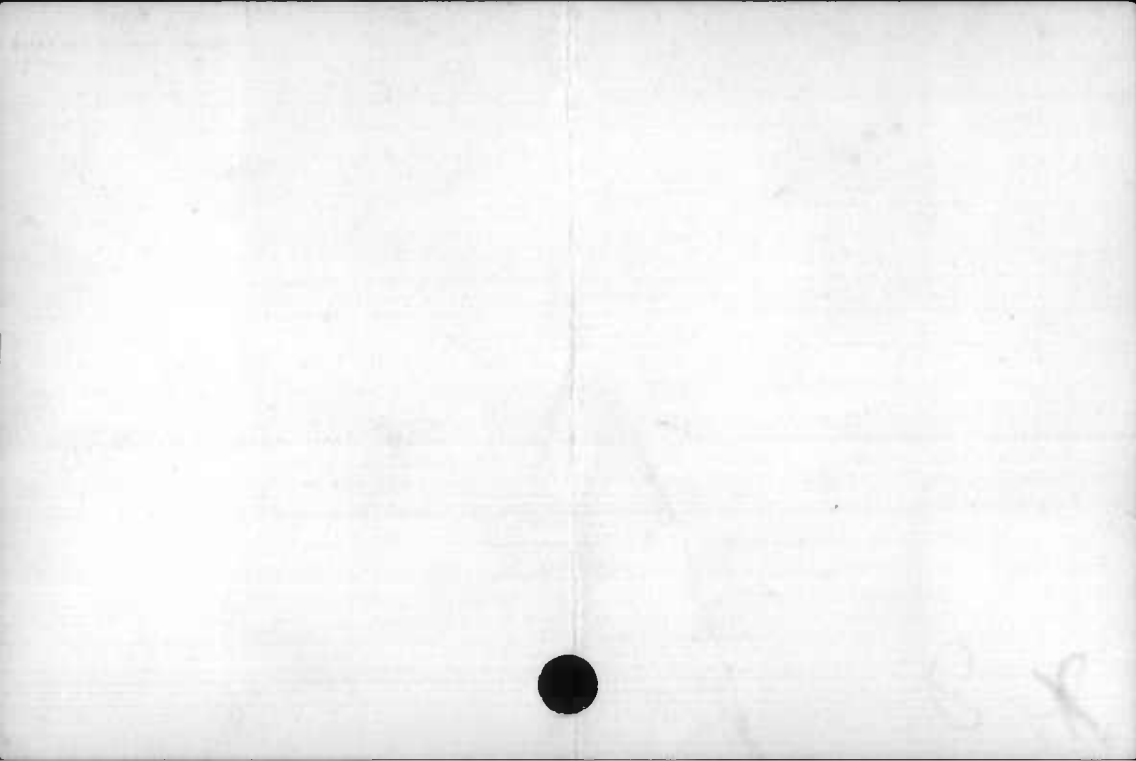
CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Senility - Bright disease</i>	How long <i>1 yr.</i>
Immediate <i>Asphyxia</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W H Beeton</i>
	Address <i>Wt Washington</i>
Accident or Suicide? 	

3



Name
in
Full

Infant Gardner

Dec 11
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

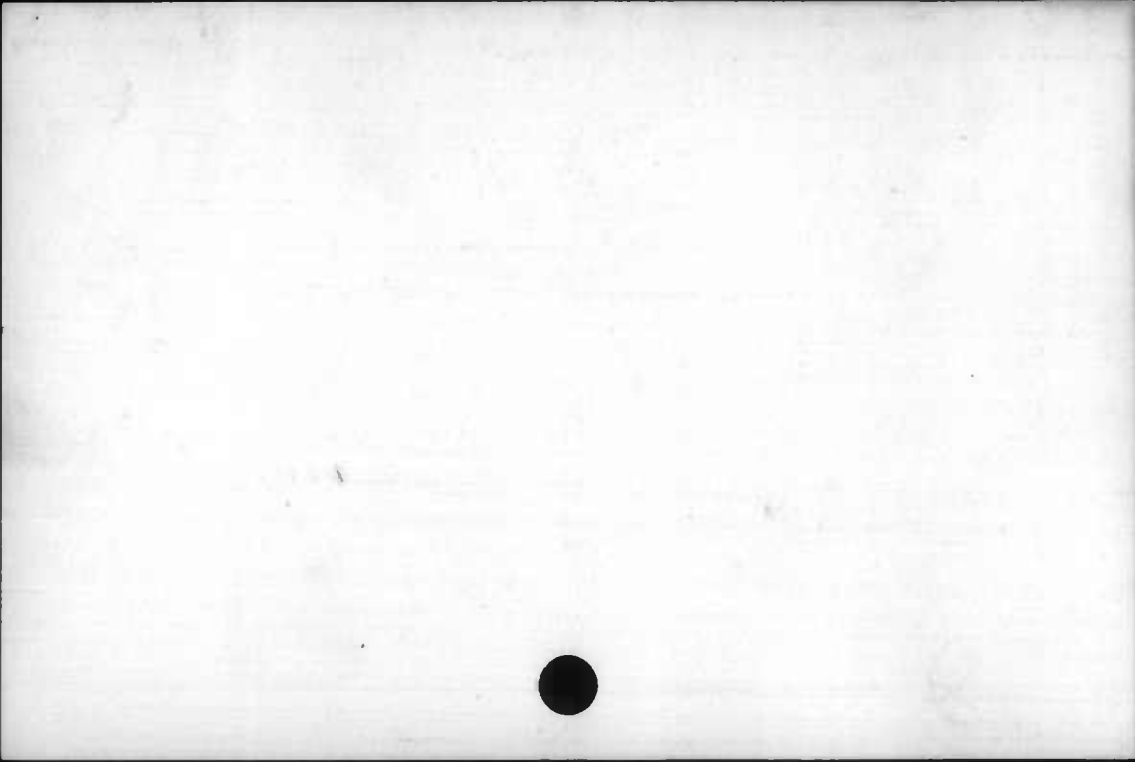
Died at <u>Lansdowne</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death	1909	Month	Feb.	Day	19
Age	Years	Months	2	Days	8
Sex	female	Color or Race	Black	Birth-place	Balt. Co
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Richard Gardner			Father's Birthplace	Howard Co. Md
Mother's Maiden Name	Harrnet Hawkins			Mother's Birthplace	Howard Co Md
Name of person giving information	Richard Gardner			How related to deceased	Father

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	Inanition	How long	2 months
Immediate	Convulsion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank H. Ruhl	
Address		Lansdowne, Balt. Co. Md	
Accident or Suicide?			



Lulu B. Gemmill

CERTIFICATE OF DEATH

Died at *Grovelands* ^{Town} *Balto* ^{County} **MARYLAND**

Date of death **1909** ^{Month} *Feb* ^{Day} *18* ^{Age} *40* ^{Years} *3* ^{Months} *14* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Penn.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *J. Stephen Gemmill*

Father's Name *David P. Bowman* Father's Birthplace *Penn.*

Mother's Maiden Name *Lottie P. Ignor* Mother's Birthplace *Md.*

Name of person giving information *J. Stephen Gemmill* How related to deceased *Husband*

CAUSES OF DEATH

42

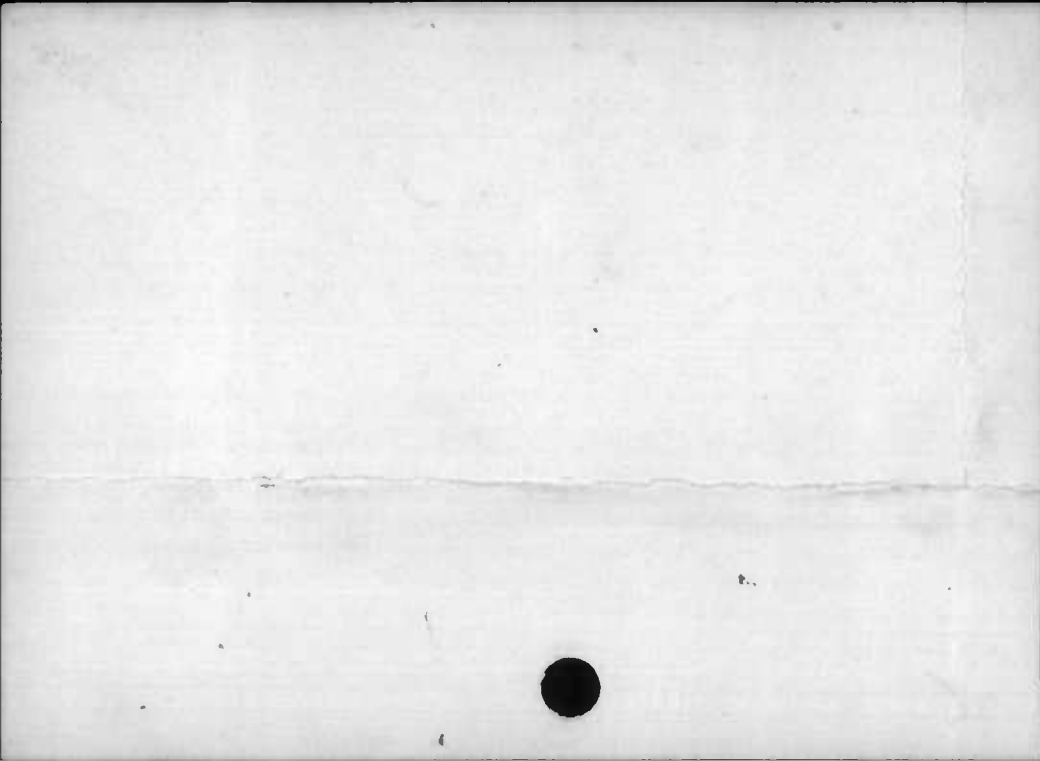
Primary *Carcinoma of uterus* How long *2 Years.*

Immediate *Exhaustion* How long *3 Mos.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. W. Fair*

8 Address *12 E 25th St.*

Accident or Suicide? *Balto. Md.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Harper Gibson		Town Violetsville		County Balti		State MARYLAND	
Died at Violetsville		Month 2		Day 15		Year 1909	
Date of death 1909		Month 2		Day 15		Year 1909	
Sex Male		Color or Race White		Birth-place Albany N.Y.		Months 2	
Occupation Clerk		Where Residing if not at place of death —		Days 11			
Married, Single or Widowed Married		Name of Wife or Husband Alice G. Gibson		Father's Birthplace N.Y.		Mother's Birthplace L.I.	
Father's Name John Gibson Jr.		Mother's Maiden Name Mary Harper		How related to deceased Wife			
Name of person giving Information Alice G. Gibson							

CAUSES OF DEATH

Primary Paralysis	How long 2 1/2 hrs
Immediate Uremia from kidney	How long 3 1/2 weeks
Are the name, age, sex, color, date and place correctly given above? 2	Signature of Physician J. B. Saunders M.D.
Address 219 E. Preston	
Accident or Suicide 2	

PHYSICIAN
OR CORONER

London Park

Joe B. Cook

Name
in
Full

Edith E. Branruth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highland ^{County} Balto. MARYLAND

Date of death 1909 ^{Month} Feb. ^{Day} 20 ^{Age} 2 ^{Years} ^{Months} 5 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single ^{Name of Wife or Husband}

Father's Name Harry E. Branruth ^{Father's Birthplace} Md.

Mother's Maiden Name Edith Smith ^{Mother's Birthplace} Md.

Name of person giving Information Harry E. Branruth ^{How related to deceased} Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia ^{How long}

Immediate asphyxia ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. S. Warner M.D.

Address 320 Highland Ave

Accident or Suicidal no

Place of burial

Mt. Carmel Cem.

Date Feb. 23-1909

Undertaker

The Baltimore Funeral Co.

1628 Bank St.

Name
in
Full

CERTIFICATE OF DEATH

Mary Margaret Grau

Town

County

Died at

Highlandtown

Balto.

MARYLAND

Date

of death

1909 Feb.

Month

Day

5th

Age

Years

23

Months

6

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

House Wife

Where Residing if not
at place of death

743 S. Third St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

George P. Grau.

Father's
Name

Harry Cullison.

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Barbara Eichorn

Mother's
Birthplace

Balto. Md.

Name of person giving
Information

George P. Grau

How related
to deceased

Balto. Md.

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 yrs.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

S. Wolman, M.D.

Address

129 N. Broadway
Balto. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Holy Redeemer Cemetery

Feb 8th 09

Lilly and Glaser

Undertaker

Name
In
Full

Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

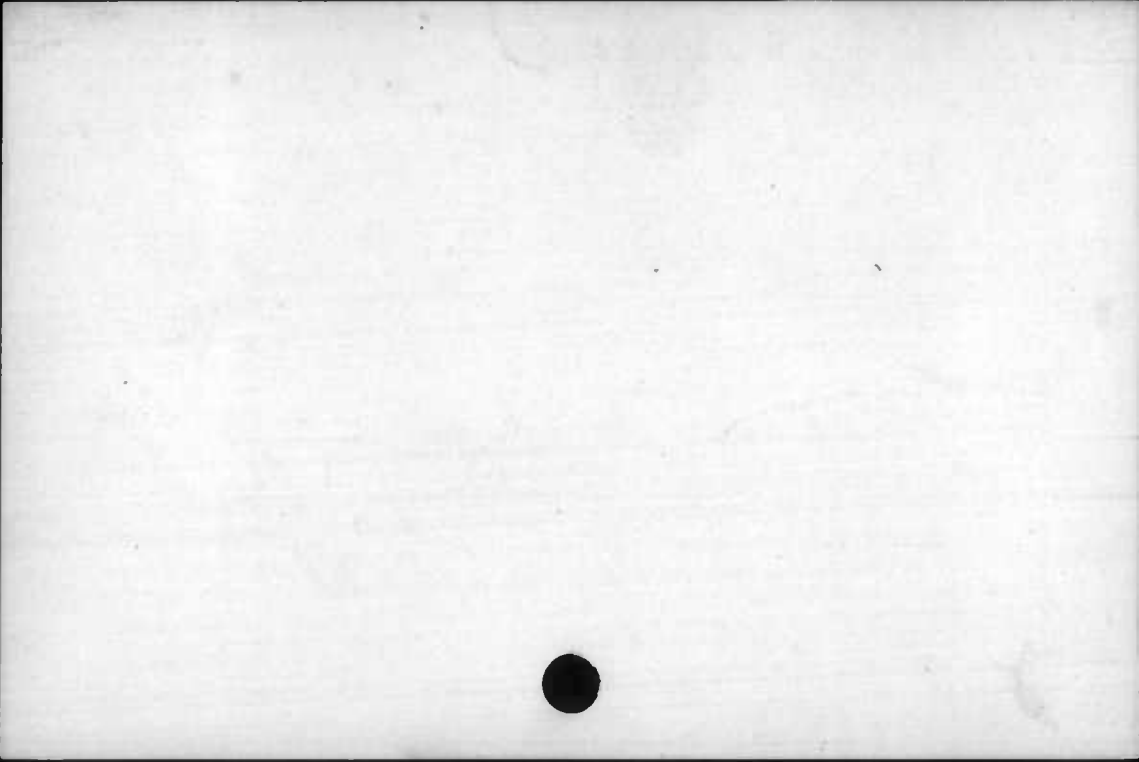
Died at <u>Granite</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Feb	Day	5
Age	85	Years		Months	
Sex	male	Color or Race	Black	Birth-place	Va.
Occupation	none		Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Archib Green			Father's Birthplace	Va
Mother's Maiden Name	Dont Know			Mother's Birthplace	Dont Know
Name of person giving information	Charles Hall			How related to deceased	Grand Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old Age and	How long	four days
Immediate	Natural Causes	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John J. Brown
Accident or Suicide?		Address	Baltimore
			Granite, Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

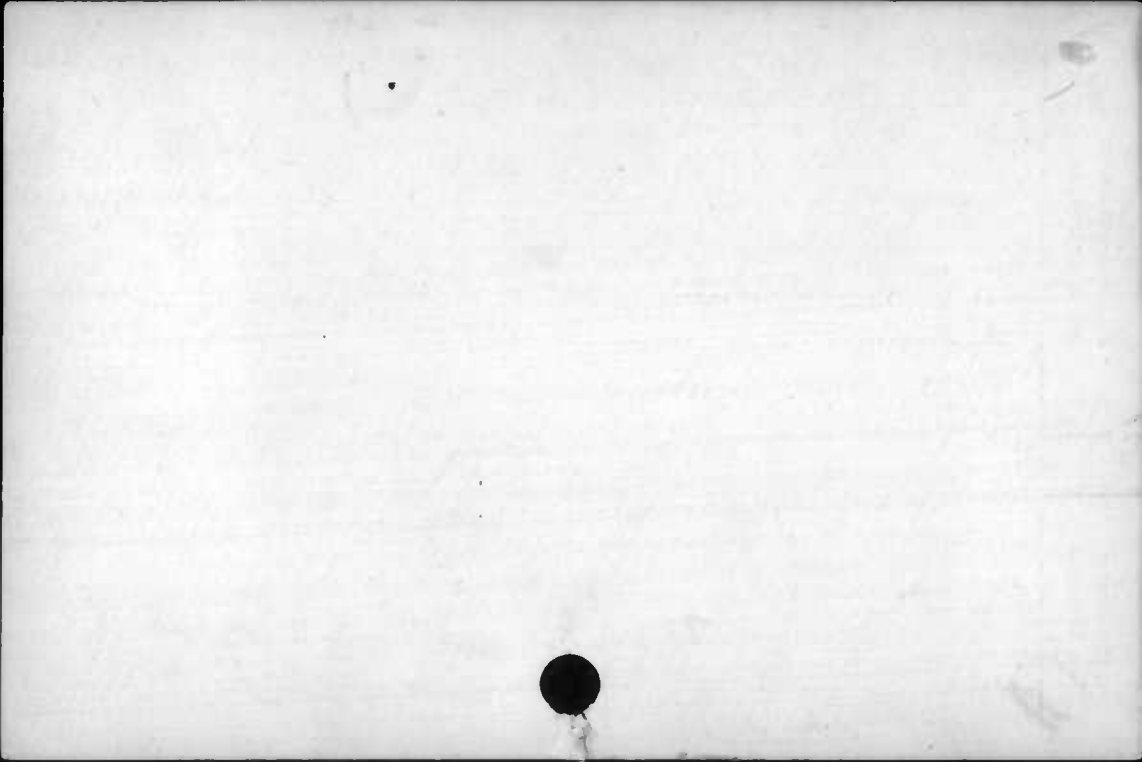
Died at <i>Heston Salt Lake</i>		Town <i>Heston</i>		County <i>Bolton</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>49</i>	Years <i>9</i>	Months <i>0</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>England</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Heston Run Salt Lake</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Emma Smith</i>				
Father's Name	<i>John Smith</i>				Father's Birthplace	<i>England</i>	
Mother's Maiden Name	<i>Jane Powell</i>				Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>Emma Smith</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer</i>	How long	<i>1 1/2 wks</i>
Immediate	<i>Internal Hemorrhage</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. E. Benson</i>
		Address	<i>Cricksyville</i>
Accident or Suicide?	<i>No</i>		<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

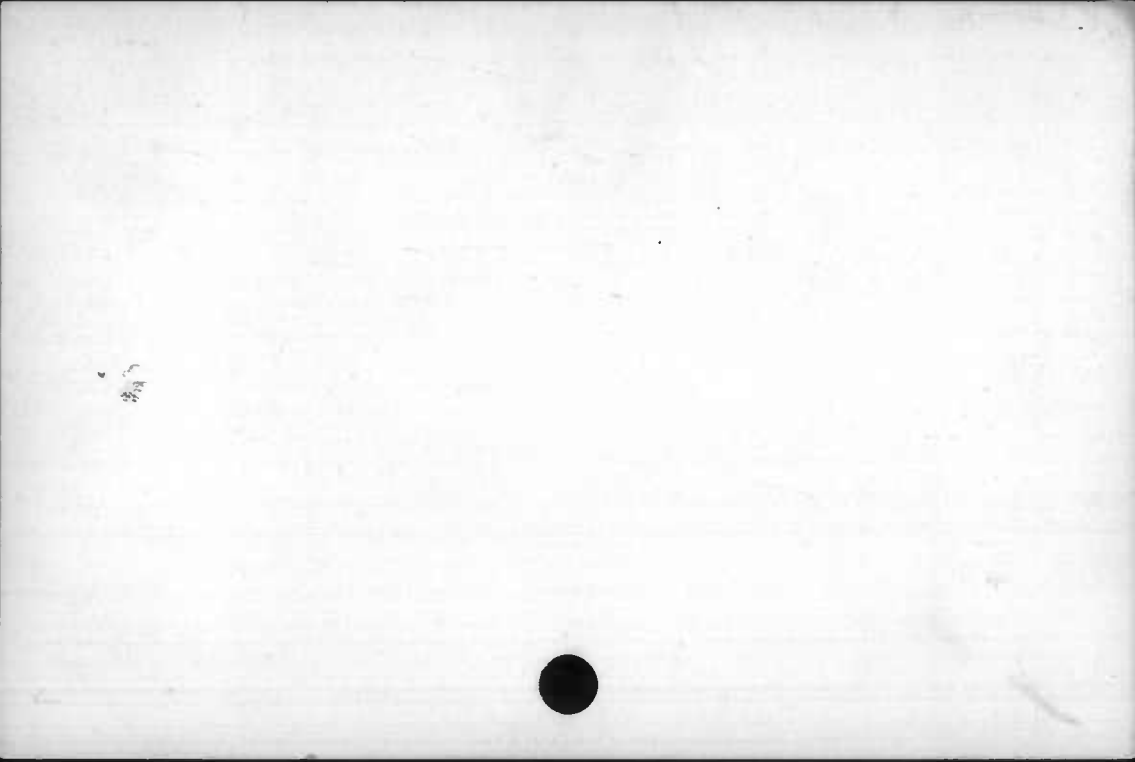
Died at <i>Sunnybrook</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>2</i> <small>Month</small>	<i>19th</i> <small>Day</small>	<i>45</i> <small>Age</small>	<i>—</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death <i>Sunnybrook</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Wm Hall</i>			
Father's Name	<i>Thomas Johnston</i>			Father's Birthplace	<i>Mo @</i>
Mother's Maiden Name	<i>Mary J. German</i>			Mother's Birthplace	<i>"</i>
Name of person giving information				How related to deceased	<i>Sister</i>

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Asphyxiated by strychnine</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>J. T. Payne</i>
Address	<i>Sunnybrook</i>
Accident or Suicide?	<i>Accident</i>
	<i>And 10</i>



Name
in
Full

Mara Tare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

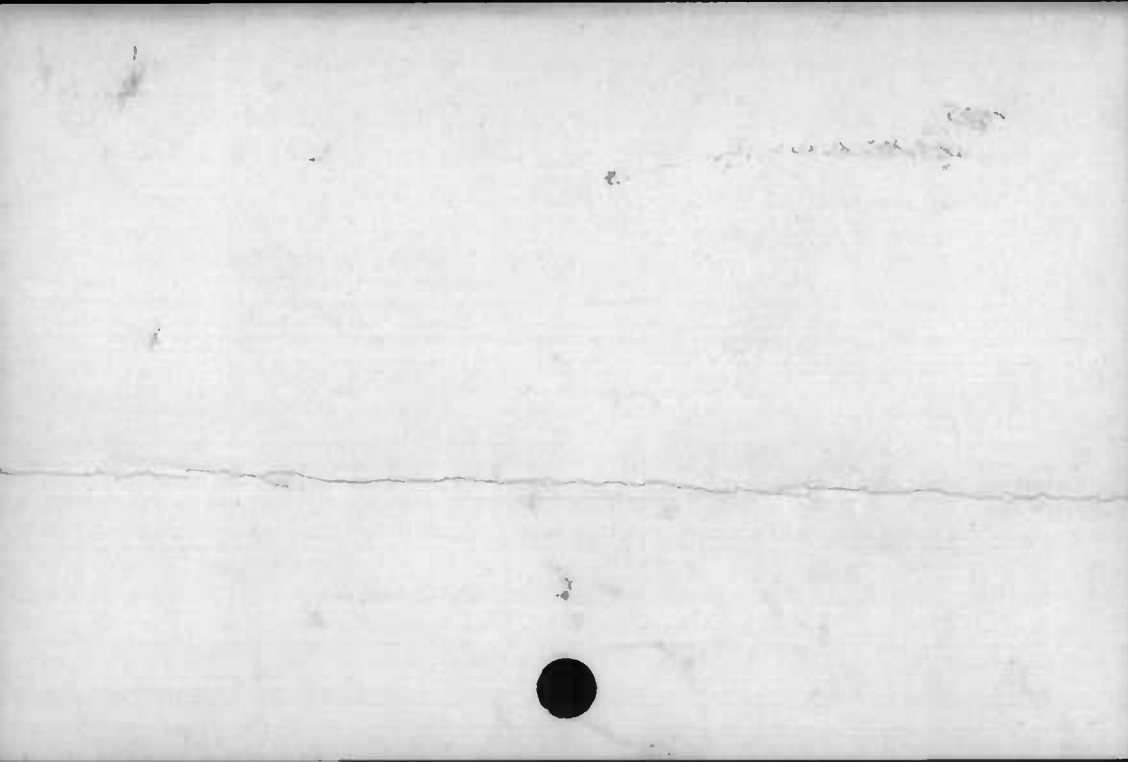
Died at <u>Rehoboth</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1909 Feb</u> <small>Month</small>		<u>15</u> <small>Day</small>	Age <u>72</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Joseph Tare</u>				
Father's Name <u>Jno Samuelskive</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Clarney</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Ida Tare</u>	How related to deceased <u>Daughter-in-law</u>				


CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

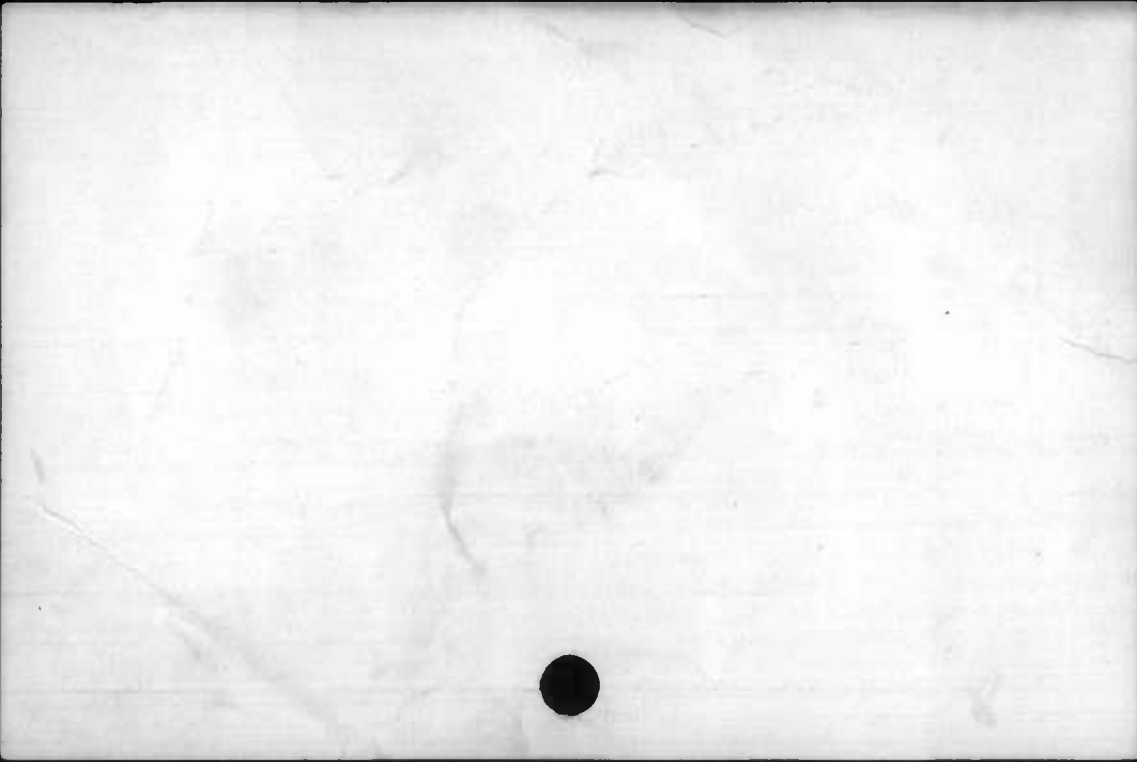
Primary <u>Dropsy</u>	How long <u>4 yrs.</u>
Immediate <u>Apoplexy</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>E. R. Albright</u>
	Address <u>Green Rock</u>
Accident or Suicide? <u>No.</u>	<u>R. F. G. #1.</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Roland Park</i>		<i>Baltimore</i> County		MARYLAND
	Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>20</i>	Years <i>82</i>	Months <i>0</i> Days <i>24</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hartford Conn.</i>	
	Occupation <i>Retired Furniture Manufacturer</i>	Where Residing if not at place of death <i>Roland Park Md.</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah G. Harrington</i>			
	Father's Name <i>Elisha Harrington</i>	Father's Birthplace <i>New England</i>			
	Mother's Maiden Name <i>Fannie Bowles</i>	Mother's Birthplace <i>Hartford Conn.</i>			
	Name of person giving information <i>Mrs. Sarah G. Harrington</i>			How related to deceased <i>Wife</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Acute Nephritis</i>		How long <i>7 days</i>		
	Immediate <i>Pulmonary Edema Pneumonia, Terminal</i>		How long <i>4 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. G. Gibson</i>		
	Address <i>Roland Park Md.</i>				
Accident or Suicide? <i>No</i>					

Misses Humphreys
Hundred 722
Intersect Green Mt
J. E. Humphreys
1422 Green
av

Name in Full		George Washington Harris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Manor</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death <u>1909</u>	<u>Feb.</u> <small>Month</small>	<u>17</u> <small>Day</small>	<u>75</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
	Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Baltimore Co.</u>		
	Occupation <u>farmer</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Eliza Ann Harris</u>				
	Father's Name <u>Charles Harris</u>			Father's Birthplace <u>Baltimore Co.</u>			
	Mother's Maiden Name <u>Mary — (unknown)</u>			Mother's Birthplace <u>Baltimore Co.</u>			
	Name of person giving information <u>Grason Harris</u>			How related to deceased <u>son</u>			
CAUSES OF DEATH							<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 79 </div>
PHYSICIAN OR CORONER	Primary		<u>Heart disease</u>			How long <u>1 yr. & 2 months</u>	
	Immediate		<u>—</u>			How long	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thomas H. Emory Jr. D.</u>		Address <u>Monkton, Md.</u>		
	Accident or Suicide? <u>8</u>						



Name
in
Full

Carl M. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

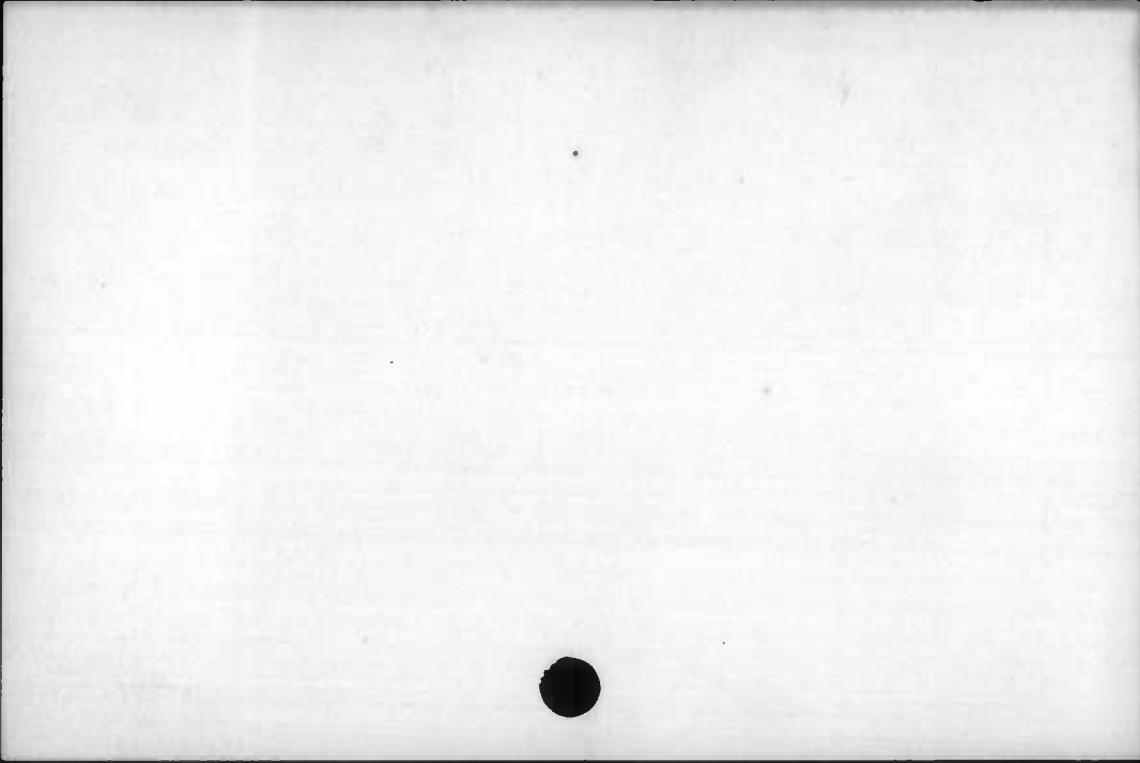
Died at <u>Thistle</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Feb</u> <small>Month</small>	<u>4</u> <small>Day</small>	<u>no</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>14</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>Thistle</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Joseph W Harrison</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>W. b.</u>		
Mother's Maiden Name <u>Olivia L. Peoples</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>Joseph W. Harrison</u>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Bronchopneumonia (2nd relapse)</u>	How long <u>6 wks</u>
Immediate <u>asthma</u>	How long <u>9 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. C. Shriver M.D.</u>
<u>J</u>	Address <u>Ellicott City.</u>
Accident or Suicide?	<u>no</u>



Name
in
Full

Russ Eliza Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middle River</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>19</i>	Years <i>1</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Hunt</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ida Jenkins</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Mrs Wm Hunt</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Miasis</i>	How long <i>9 days</i>
Immediate <i>Capillary Bronchitis - 4 or 5 then</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>Middle River md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

John Edward Helene.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fondlesburg</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>8</i>	Age <i>44</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carrie Riegler</i>				
Father's Name <i>Samuel Helene</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Gittinger</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Jacob Helene</i>			How related to deceased <i>None</i>		

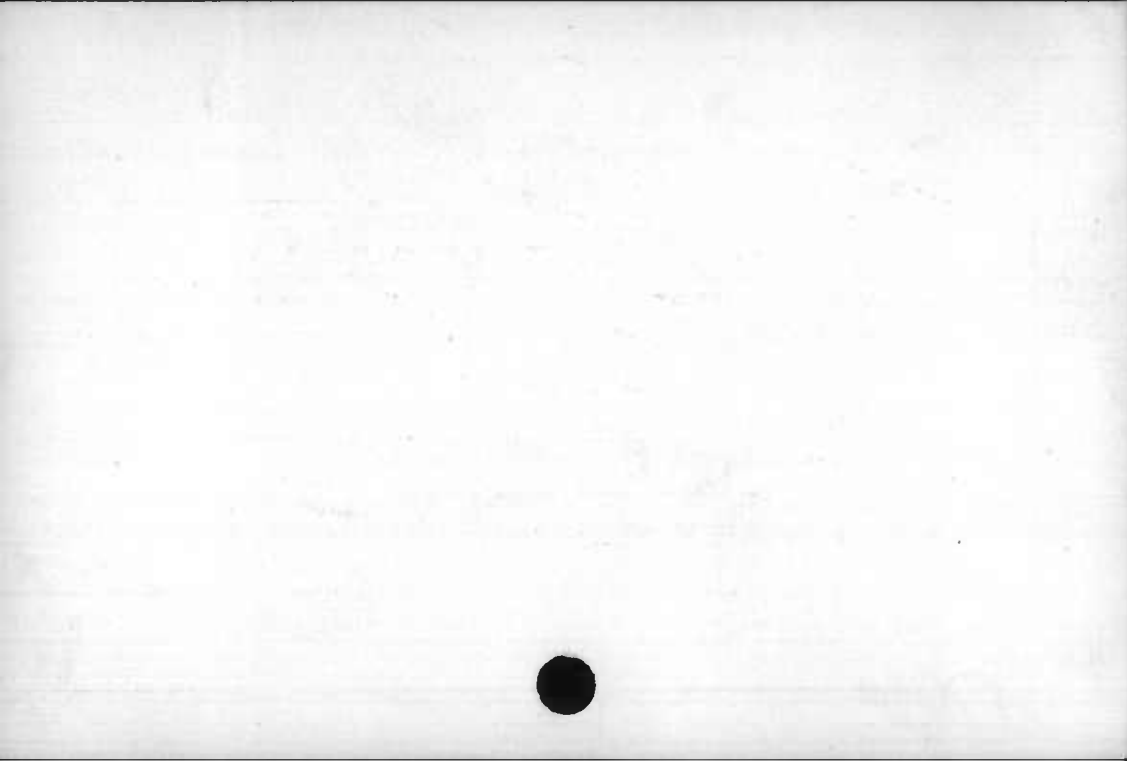
CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Geo. H. Wilson M.D.</i>
<i>8</i>	Address <i>Fondlesburg, Maryland</i>
Accident or Suicide?	

Name in Full		Rebecca Henderson.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Catonsville ^{Town}		Balto. ^{County}		MARYLAND	
	Date of death	1909	Month Feb	Day 1	Age 40	Years —	Months —
	Sex	female		Color or Race	colored.		Birth- place
	Occupation	Housewife.		Where Residing if not at place of death		Catonsville Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Joseph Henderson	
	Father's Name	Geo Ridgout				Father's Birthplace	Howard Co
	Mother's Maiden Name	Marian Hall				Mother's Birthplace	Balto Co
Name of person giving information	Joseph Henderson				How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rt Hemiplegia				How long	24 hours
	Immediate	"				How long	" "
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Marshall B. West.		
				Address Catonsville Md			
<input checked="" type="checkbox"/> Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William F. Hoffman

Died at *Baltimore* *Baltimore* *Co* **MARYLAND**

Date of death 1909 *2* Month *1* Day *23* Age *9* Years *9* Months *9* Days

Sex *Male* Color or Race *White* Birth-place *Balt. Md*

Occupation *Cabinet maker* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *George Hoffman*

Father's Birthplace *New York*

Mother's Maiden Name *Mary Berensdorf*

Mother's Birthplace *Balt. Md*

Names of person giving Information *F. A. Berlincke*

How related to deceased *Brother-in-law*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis*

How long *Eleven months*

Immediate *Pulmonary hemorrhage*

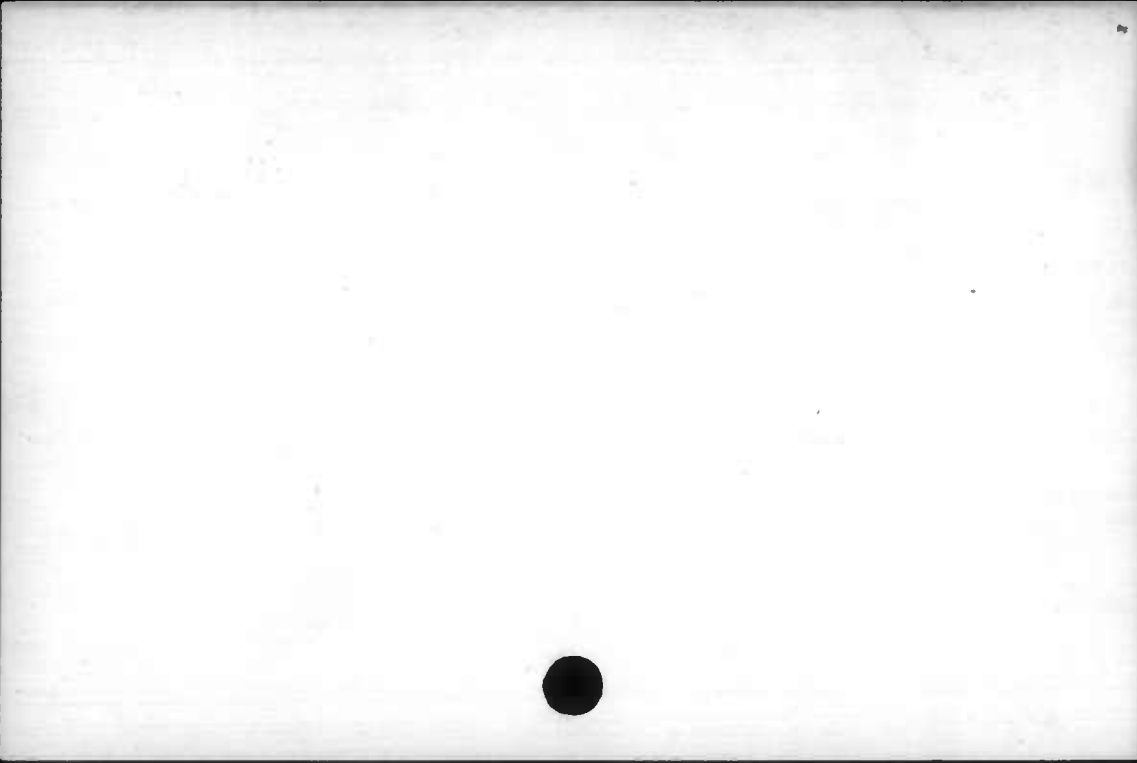
How long *one day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. E. Lilly*

Address *207 E. University St
Baltimore, Md*

X
Accident or Suicide



Name
in
Full

William A Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

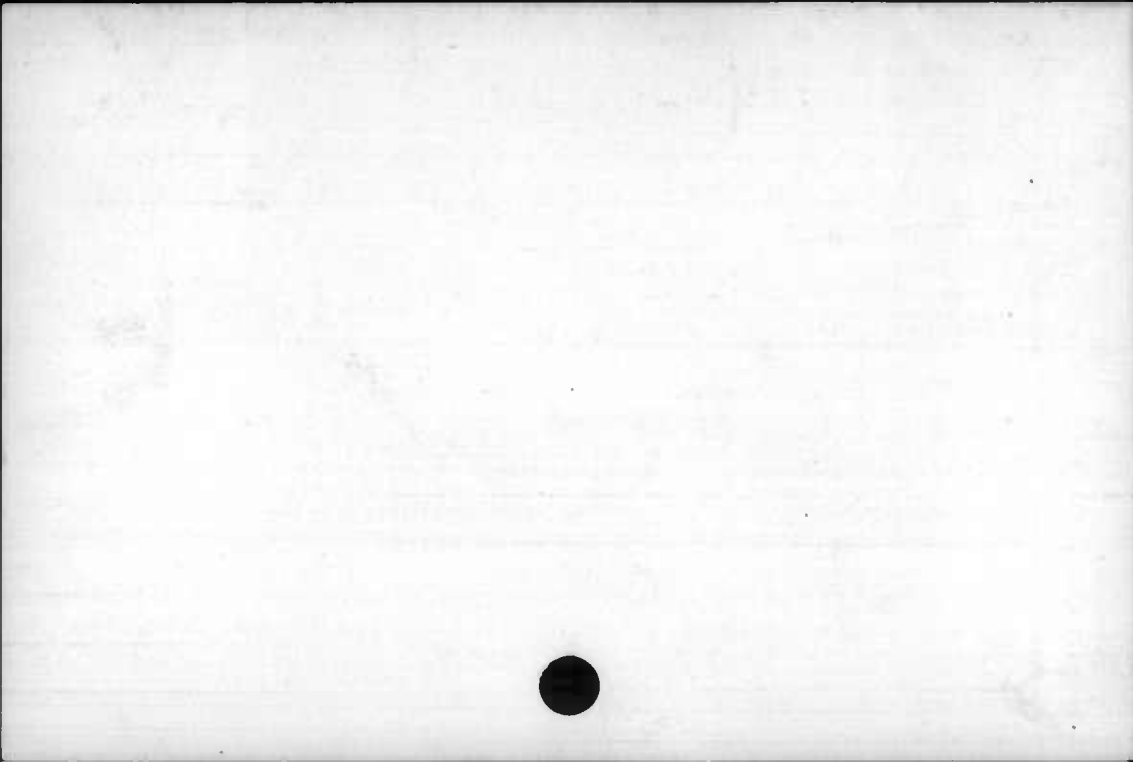
Died at		Brace's haw		County Baltimore		MARYLAND	
Date of death	1909	Month	2	Day	4	Age	46
Sex		Male		Color or Race		White	
Occupation		Clerk		Birth-place		Baltimore City	
Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband		Minnie Thompson		
Father's Name	unknown		Father's Birthplace		unknown		
Mother's Maiden Name	unknown		Mother's Birthplace		unknown		
Name of person giving information	Minnie M Hook		How related to deceased		wife		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	tuberculosis	How long	21 years
Immediate	tuberculosis	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. F. H. Louch		
Address	Fork		
Accident or Suicide?	No		



Name
in
Full

Franklin S. Horn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>3</u>	Day <u>5</u>	Age <u>14</u> ^{Years} <u>hours</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Catonsville Md</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>Home</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>George S. Horn</u>			Father's Birthplace <u>Philadelphia</u>		
Mother's Maiden Name <u>Rosa M. Quir</u>			Mother's Birthplace <u>Corry Pa</u>		
Name of person giving information <u>George S. Horn</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Congenital Cardiac Disease</u> <u>Defect in the Ventricular Septum</u>	How long <u>14 hours</u>
Immediate <u>Cyanosis & Asphyxia</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Father</u>	Signature of Physician <u>Chas Macjill</u>
	Address <u>Catonsville</u>
Accident or Suicide? <u>No</u>	

Henry W Means ⁹⁴ Son

Place of burial Cathedral
Cemetery.

Name
in
Full

Susan Howell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

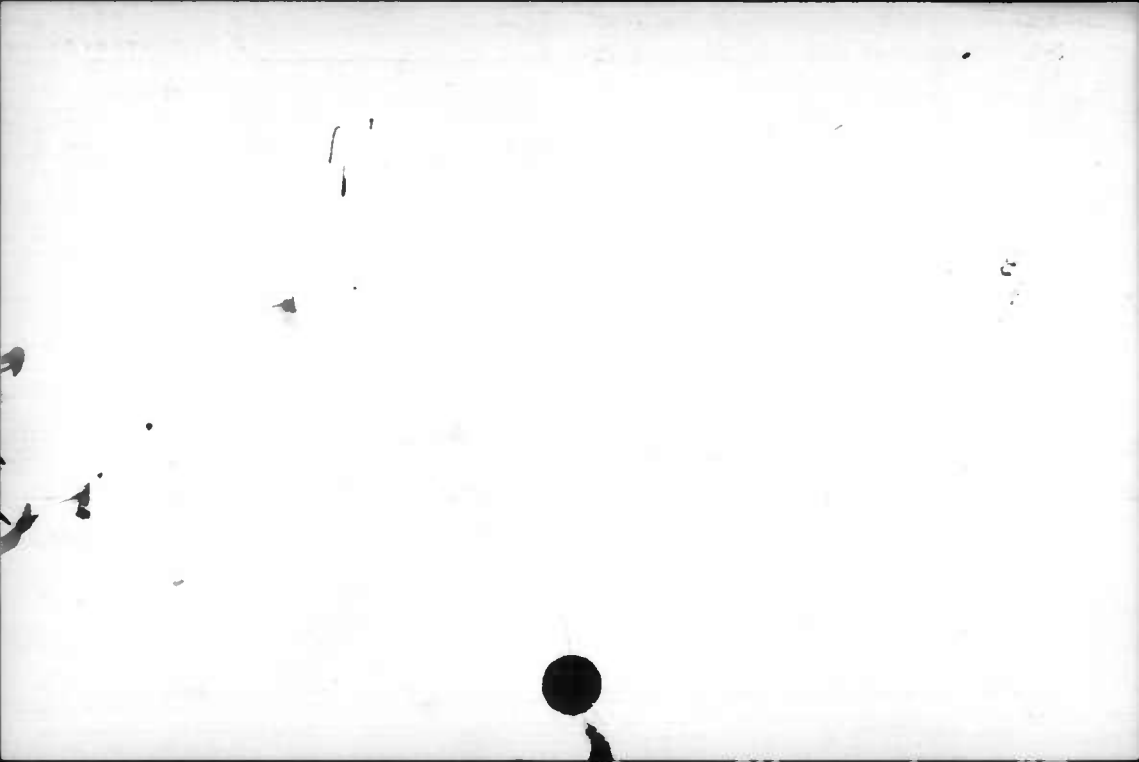
Died at		Town		County		MARYLAND	
Baltimore		Baltimore		Baltimore			
Date of death	1909	Month	Feb	Day	12	Age	72
Sex	Female	Color or Race	white	Months	4	Days	21
Occupation	H. O.			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband	Henry Howell		
Father's Name	Thomas Christopher			Father's Birthplace	Md		
Mother's Maiden Name	M. C. C. C.			Mother's Birthplace	Maryland		
Name of person giving Information	W. S. Howell			How related to deceased	Son		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 yrs
Immediate	Aschemia	How long	3 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John C. Thomas, Jr.	
Address		Middle River	
Accident or Suicide		No	



Name
in
Full

Clara Ross Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Manor Town Balto County MARYLAND

Date of death 1909 Month 2 Day 24 Age 27 Years 10 Months 24 Days

Sex Female Color or Race White Birth-place Balto

Occupation House wife Where Residing if not at place of death Manor

Married, Single or Widowed Widowed Name of Wife or Husband Henry C. Hutchins

Father's Name David L. Ross Father's Birthplace Balto

Mother's Maiden Name Mary E. Brown Mother's Birthplace Balto

Name of person giving information Harry Ross Hutchins How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 92

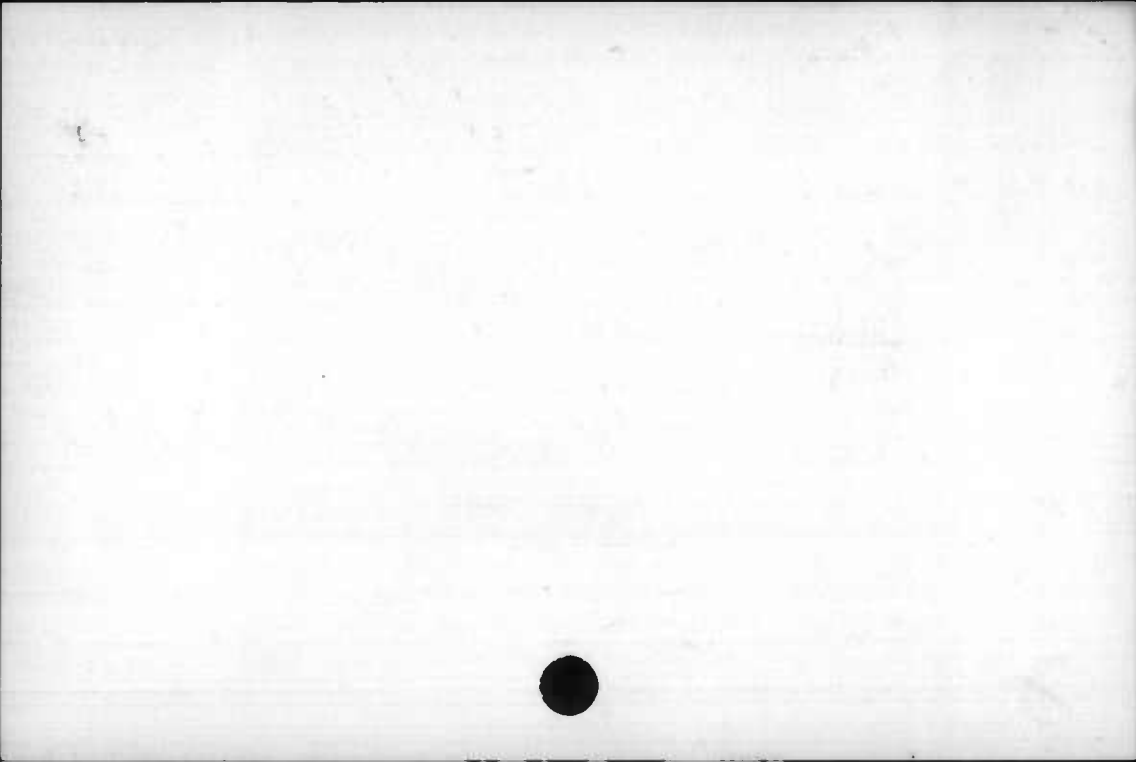
Immediate acute indigestion How long 8 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. T. Payson

Address Cherry

8 Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Frank Webster Garrett* Town *Towson* County *Baltimore* MARYLAND

Died at *Towson*

Date of death *1909 Feb 10* Age *55* Months *24* Days *17*

Sex *male* Color or Race *white* Birth-place *Janettsville*

Occupation *Painter* Where Residing if not at place of death *Towson, Md*

Married, Single or Widowed *Single* ~~Name of Wife or Husband~~

Father's Name *James H. Garrett* Father's Birthplace *Janettsville*

Mother's Maiden Name *Julia H. Spotswood* Mother's Birthplace *Carlisle, Pa*

Name of person giving information *H. S. Garrett* How related to deceased *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic nephritis* How long *Over year and a half*

Immediate *Convulsion (Uraemic)* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. S. Garrett* Address *Towson, Md.*

Accident or Suicide? *no*

John Busbous
Towson

Prospect Hill Ceme.
Balt's. Co.

11.11.11

Name
in
Full

Magdalen Krabek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Febry</i>	Day	<i>14</i>
Age		<i>75</i>	Years	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Bohemia</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>St Denis, Md.</i>		
Married or Widowed	Name of Wife Husband <i>Wenceslaus Krabek</i>				
Father's Name	<i>Codest</i>			Father's Birthplace	<i>Bohemia</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Bohemia</i>
Name of person giving information	<i>Joseph Svec Jr.</i>			How related to deceased	<i>Son in law</i>

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of liver</i>	How long	<i>6 mos.</i>
Immediate	<i>Manition</i>	How long	<i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Wm R. Eareckson</i>	
Address		<i>Eek Ridge Md.</i>	
Accident or Suicide?		<i>X</i>	

Ph. Henning -
Oak H. C. -

Name
in
Full

CERTIFICATE OF DEATH

born ~~dec~~ 14

Evelyn E Johnson
Town *Baltimore* County *Baltimore*

MARYLAND

Died at *Baltimore*
Date of death *1909* Month *2* Day *15* Age *—* Years *—* Months *2* Days *1*

Sex *female* Color or Race *white* Birth-place *Same*
Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Robert Johnson*

Father's Birthplace *Ind*

Mother's Maiden Name *Emma Mack*

Mother's Birthplace *Ind*

Name of person giving information *Robert Johnson*

How related to deceased *Father*

CAUSES OF DEATH

95

Primary *Pulmonary Congestion*

How long *2 days*

Immediate *Exhaustion & Choke*

How long *few hours*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Stephens
Baltimore
Ind

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John M Johnson* County *Balt Co* State *MARYLAND*

Died at *333 Fall Road* Town *Town*

Date of death *1909* Month *Feb* Day *10* Age *67* Year *67* Months *11* Days *17*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Well digger* Where Residing if not at place of death *333 Fall Road*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary A Johnson*

Father's Name *Reason M Johnson* Father's Birthplace *Md*

Mother's Maiden Name *Not Known* Mother's Birthplace *"*

Name of person giving information *Mrs M. A Johnson* How related to deceased *wife*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *2 wks*

Immediate *Acute Cystitis* How long *4 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. P. Gault*

Address *354 W. Biddle St*
Balto, City, Md

Accident or Suicide? ☒

A. S. Marshall

3539 Falls Road

Mt. Auburn Derby

Feb 13-09

Name
in Full

Mary E Johnson

Born Sept 17

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

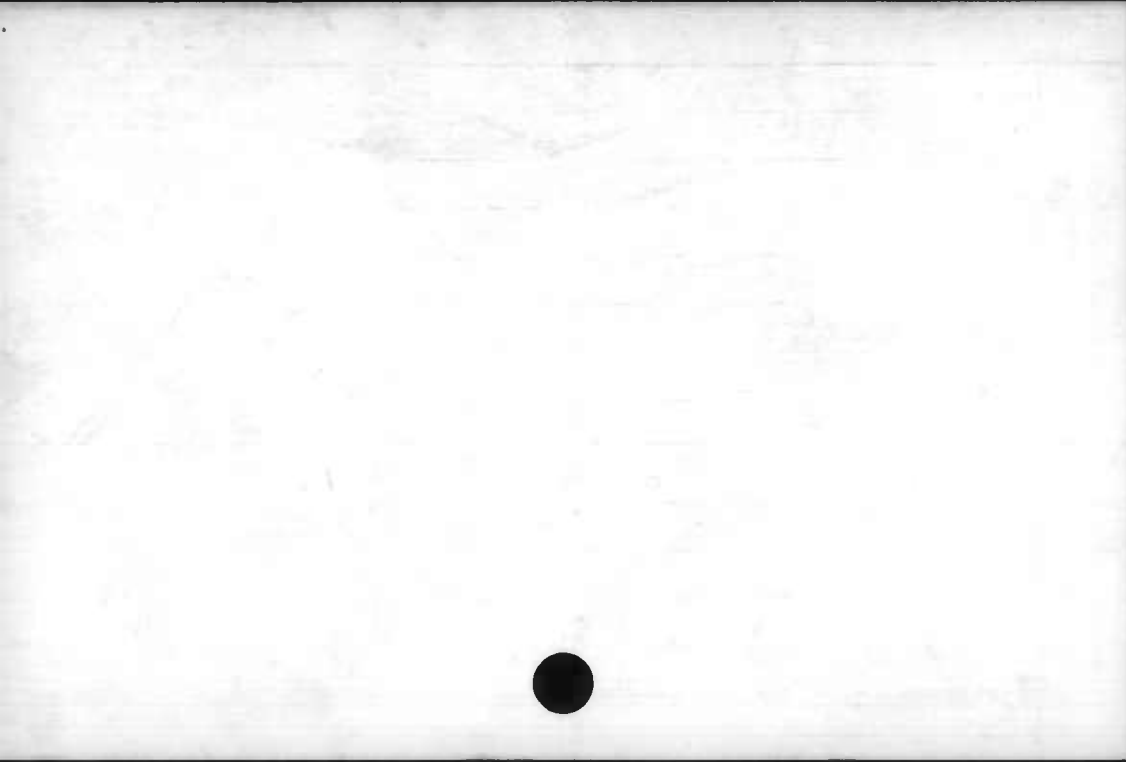
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Month	Day	
190		9	Feb	17			
Sex		Color or Race		Birth-place			
Female		Negro		Gunn's Point			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					
Spencer Johnson		Father					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Brucella Bacteremia	How long	1 week
Immediate	Exhaustion	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. C. Sleight M.D.	
Address		Gunn's Point	
Accident or Suicide		No	



Name
in
Full

Nannie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

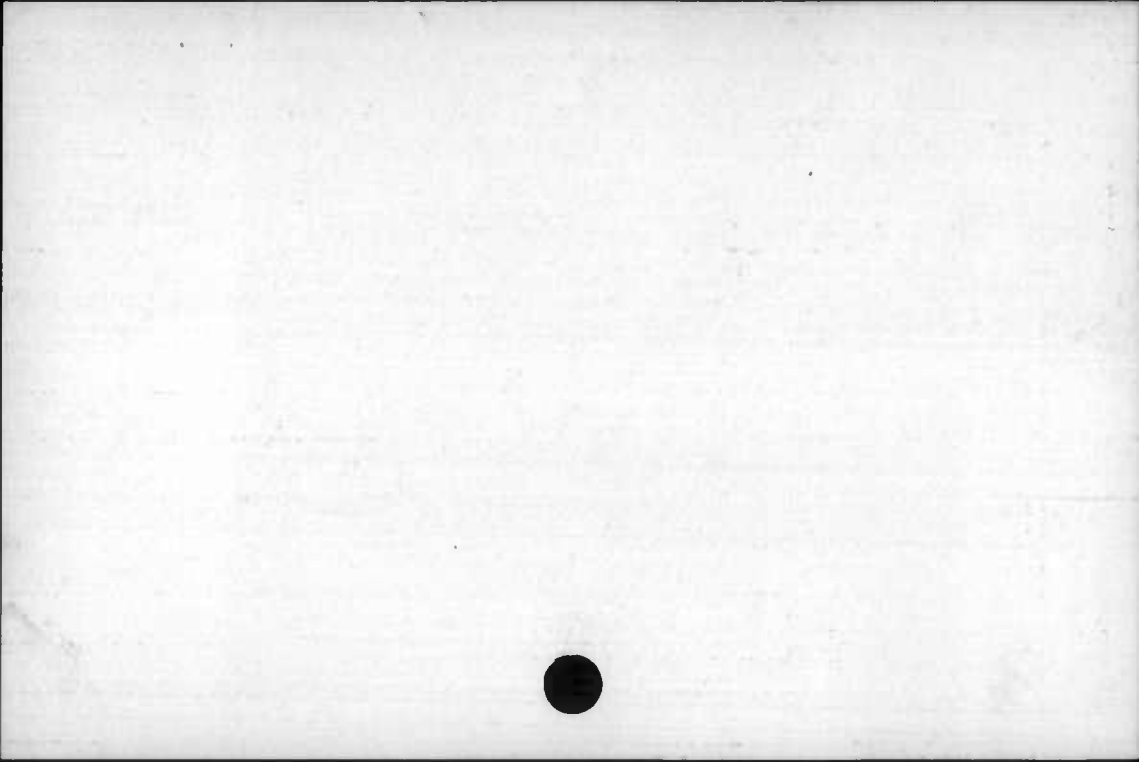
Died at <i>Mount Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Feb</i> ^{Day}	<i>2nd</i> ^{Years}	Age <i>66</i>	<i>Not Known</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Richmond Va</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>Richmond Va</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>White</i>		
Father's Name	<i>Not Known</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>" "</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Recess Mt Hope Retreat</i>			How related to deceased	<i>" "</i>

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary	<i>Mania Epileptic</i>	How long	<i>over 11 years</i>
Immediate	<i>Ec. Status Epilepticus</i>	How long	<i>4 or 5 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. F. Lamery</i>	
Address		<i>Mt Hope Retreat</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Edward L. Judge* Town *Graustown* County *Baltimore* MARYLAND

Died at *Graustown*

Date of death *1909* Month *July* Day *17* Age *69* Years Months Days

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *Publisher* Where Residing if not at place of death *Graustown*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Luisa Judge*

Father's Name *Edward Judge* Father's Birthplace *Ireland*

Mother's Maiden Name *Catherine McNulty* Mother's Birthplace *"*

Name of person giving In formation How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart disorder* How long

Immediate *Heart weakness* How long *a few minutes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. H. Duncan*

Address *Graustown*

J

Accident or Suicide? *Med.*

Cathedral Cemetery

H.C. Windefeld

914 Guernmount Ave

Feb 19/09

Name
In
Full

Williams Komity

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Gwynnbrook Town Batto County

Date of death 1904 Month Fifth Day 19 Age 35 Years Months Days

Sex Male Color or Race White Birthplace Carroll co Md

Occupation Laborer Where Residing if not at place of death Gellmore st Batto city

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm Komity Father's Birthplace Carroll co. Md

Mother's Maiden Name Susanna Blom Mother's Birthplace Carroll co Md

Name of person giving information Rosie Pasley How related to deceased Cousin

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long About 1 yr

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Make Permit out in
Joseph Clark name

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Levin* Town *Reisterstown* County *Baltimore* MARYLAND

Died at *Reisterstown*

Date of death 190 *9* ^{Month} *Feb.* ^{Day} *16* Age ^{Years} *17* ^{Months} *0* ^{Days} *-*

Sex *Male* Color or Race *White* Birth-place *Russia*

Married, Single or Widowed *single* Occupation *none*

Name of Wife or Husband _____

Father's Name *Joseph* Father's Birthplace *Russia*

Mother's Maiden Name *Elke Mary Reichelson* Mother's Birthplace *"*

Name of person giving information *Dr. R. Smirnov* How related to deceased *-*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

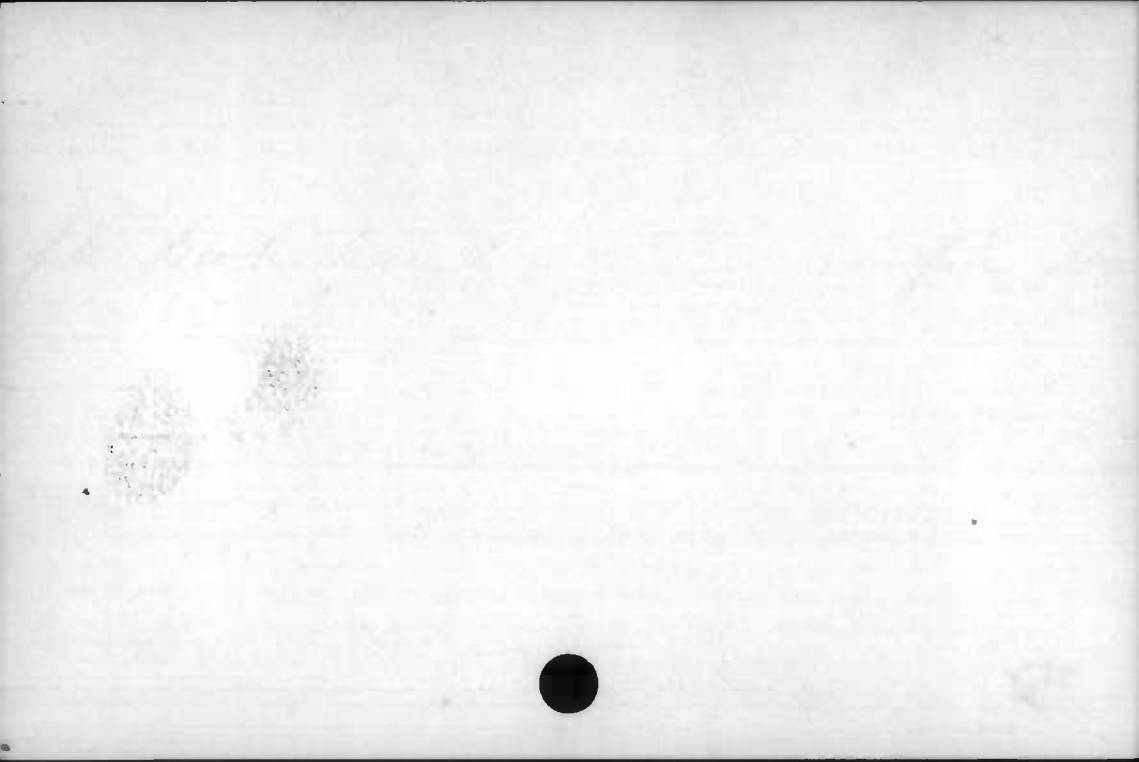
Primary *Pulmonary Tuberculosis* How long *3 yrs.*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. R. Smirnov*

Address *J. H. C. B. Reisterstown*

Accident or Suicide? *-*



Name
in
Full

Ida F. Lohman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

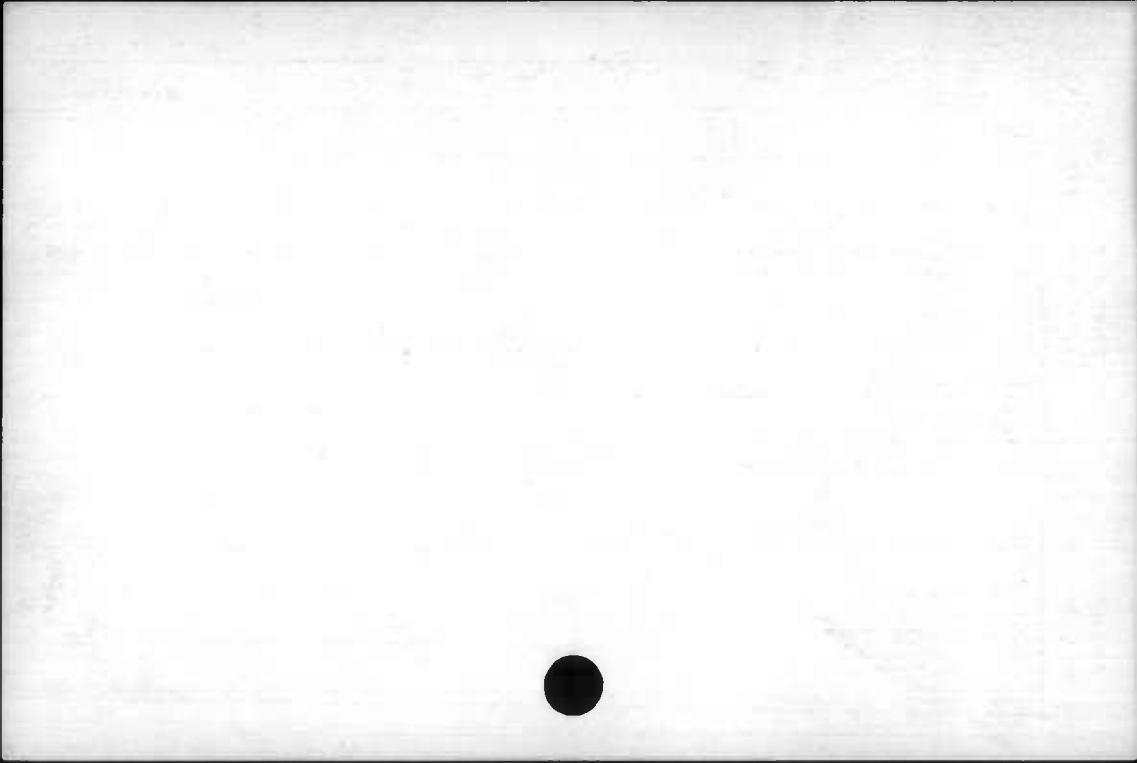
Died at		Town <i>Catonsville</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190		Month <i>Feb</i>		Day <i>14</i>		Age <i>48</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Old</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Old Hosp. for Insane</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John C. Lohman</i>					
Father's Name <i>David Beard</i>		Father's Birthplace <i>Old</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Old</i>					
Name of person giving Information <i>Husband J. C. Lohman</i>		How related to deceased <i>Husband</i>					


CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chr. Bright's Disease</i>	How long	<i>3 years</i>
Immediate	<i>Pulmonary Oedema</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>R. Edward Garrett</i>	
Address		<i>Old Hosp. for Insane Catonsville Md.</i>	
Accident or Suicide		<i>No.</i>	



Name in Full <i>Julia M. Cornas</i>		CERTIFICATE OF DEATH			
Died at Town <i>Greenwood</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1909 Month <i>February</i> Day <i>21st</i>		Age Years <i>23</i>		Months <i>5</i>	Days <i>26</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Husband, Amos P. M. Cornas</i>			
Father's Name <i>C. Owen Burton</i>		Father's Birthplace <i>Balt. Co.</i>			
Mother's Maiden Name <i>Rosa Schnarr</i>		Mother's Birthplace <i>Balt. City</i>			
Name of person giving information <i>Rosa Burton</i>		How related to deceased <i>Mother</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">104</div>					
Primary <i>Acute Indigestion</i>		How long <i>About 18 hours</i>			
Immediate <i>Heart Failure</i>		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. J. Harrison</i>			
		Address <i>Loch Raven</i>			
Accident or Suicide?					



8

Name
in
Full

Stillborn of Geo. & Augusta Mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>Feb.</u> ^{Month}	<u>14</u> ^{Day}	<u> </u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balti Co.</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u> </u>			
Father's Name	<u>Geo. Mack</u>			Father's Birthplace	<u>Balti Co.</u>
Mother's Maiden Name	<u>Augusta Witte</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Geo. Mack</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<u>Breech - failure to deliver after</u>	How long	<u> </u>
Immediate	<u>conjug' head (Midwife)</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. V. Meyer</u>	
		Address <u> </u>	
Accident or Suicide? <u> </u>			

Dr. Athey
Mount Carmel Conn
Feb. 15/09
H. Lander Jones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gustave Clifton Magercuph</i>		Town <i>Easton</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Easton Ave Road</i>							
Date of death	1909	Month	2	Day	6	Age	Years 19 Months 6da
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto City</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>William C Magercuph</i>					Father's Birthplace	<i>Balto City</i>
Mother's Maiden Name	<i>Ameda P Frank</i>					Mother's Birthplace	<i>Balto City</i>
Name of person giving information	<i>William C Magercuph</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>2 weeks</i>
Immediate	<i>Acute Pneumonia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jan L. Quapner</i>
		Address	<i>34 Gough</i>
Accident or Suicide?	<i>No</i>		<i>Highland</i>

St Pauls Cam.
H Sander & Sons
Oct. 8. 09

Name
in
Full

Ephram Mallonee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>2</i>	Day <i>8</i>	Years <i>89</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bald. Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Mallonee</i>				
Father's Name <i>Hezekiah Mallonee</i>	Father's Birthplace <i>Bald. Co.</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Catrina Ripton</i>	Name of person giving information <i>Mary E. Mallonee</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>several years</i>
Immediate <i>Gangrene of foot</i>	How long <i>about 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. M.</i>
<i>Gangrene due to embolus caused by badly diseased heart.</i>	Address <i>Pikesville Md.</i>
Accident or Suicide?	

3

Wheat
Pleasant Hill.

Name
in
Full

Michael Manning

CERTIFICATE OF DEATH

Died at *Stemson, T.O.* Town *Baltimore* County **MARYLAND**

Date of death *1909* Month *2* Day *11* Age *27* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Ireland*

Occupation *Bar-Tender* Where Residing if not at place of death *—*

~~Marrried, Single or Widowed~~ *Single* Name of Wife or Husband *—*

Father's Name *John Manning* Father's Birthplace *Ireland.*

Mother's Maiden Name *Katherine Manning* Mother's Birthplace *"*

Name of person giving Information *James Manning* How related to deceased *brother*

CAUSES OF DEATH

(27)

Primary *Phthisis Pneumoniae* How long *six months*

Immediate *Exhaustion.* How long

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *H. Morris Naylor*

Address *Pikesville*

Accident or Suicide *md 3*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry C. Wisdefield

Name

in
FullDied June 25
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Edna Katherine Merryman

Died at ^{Town} Highlandtown ^{County} Baltimore Co MARYLAND

Date of death 1909 ^{Month} Feb ^{Day} 3 ^{Age} Years ^X ^{Months} 7 ^{Days} 9

Sex Female Color or Race White Birth-place Highlandtown

Married, Single or Widowed Single Occupation None

Name of Wife or Husband _____

Father's Name John H. Merryman Father's Birthplace Baltimore

Mother's Maiden Name Catherine Fleimetz Mother's Birthplace Baltimore

Name of person giving information John H. Merryman How related to deceased Father

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary malnutrition How long 3 months

Immediate Bronchitis How long about 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John H. Rehberger

Address #1709 Alice Avenue
Baltimore, Md.

Accident or Suicide? —

Allen Fuller —

Mr. Carmel Cemetery

Feb. 6/09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryport</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND ^{State}	
Date of death	<i>1909</i>	<i>2</i> ^{Month}	<i>19</i> ^{Day}	<i>34</i> ^{Years}	<i>2</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>45 E. Baring St</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John L. Meyer</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Mavis E. Winans</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>John L. Meyer</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Falling from motor boat</i>	How long	<i>Immediate</i>
Immediate	<i>Drowning</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>August W. Miller, Coroner</i>
		Address	<i>Mt Winans</i>
Accident or Suicide?	<i>Accident</i>		<i>Balto Co. Md. 13</i>

E. Schloeman

V. Son

Western

Cemetery.

Name
in
Full

Henrietta Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at 2355 5th St ^{Town} Balto. ^{County} MARYLANDDate of death 190 9 ^{Month} Feb ^{Day} 7 ^{Years} 52 ^{Months} — ^{Days} —Sex Female Color or Race white Birth-place GermanyOccupation None Where Residing if not at place of death 2355 5th StMarried, Single or Widowed Widow Name of Wife or Husband UnknownFather's Name Unknown Father's Birthplace GermanyMother's Maiden Name Unknown Mother's Birthplace GermanyName of person giving Information John A Miller How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia ^{How long} 6 moImmediate Hemorrhage ^{How long} ImmediatelyAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

H. Warner M.D.
320 HighlanderAccident or Suicide NoPHYSICIAN
OR CORONER

William Cook

382 E North Ave

1st Evangelic Cemetery.

Feb 4, 1809

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stephen Mohr</i>		Town <i>Perry Hall</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death <i>1909 Feb 20</i>		Age <i>1</i> Years <i>10</i> Months <i>20</i> Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation		Where Residing if not at place of death <i>Perry Hall, Md.</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Chas. Mohr</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Nantz</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Chas. Mohr</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. F. Clayton</i>
<i>S</i>	Address <i>Overden</i>
Accident or Suicide?	<i>Balto., Co.</i>

St. Josephs Cemetery

F. Lassault Sons

Name
In
Full

Sarah Muller - St Catherine -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

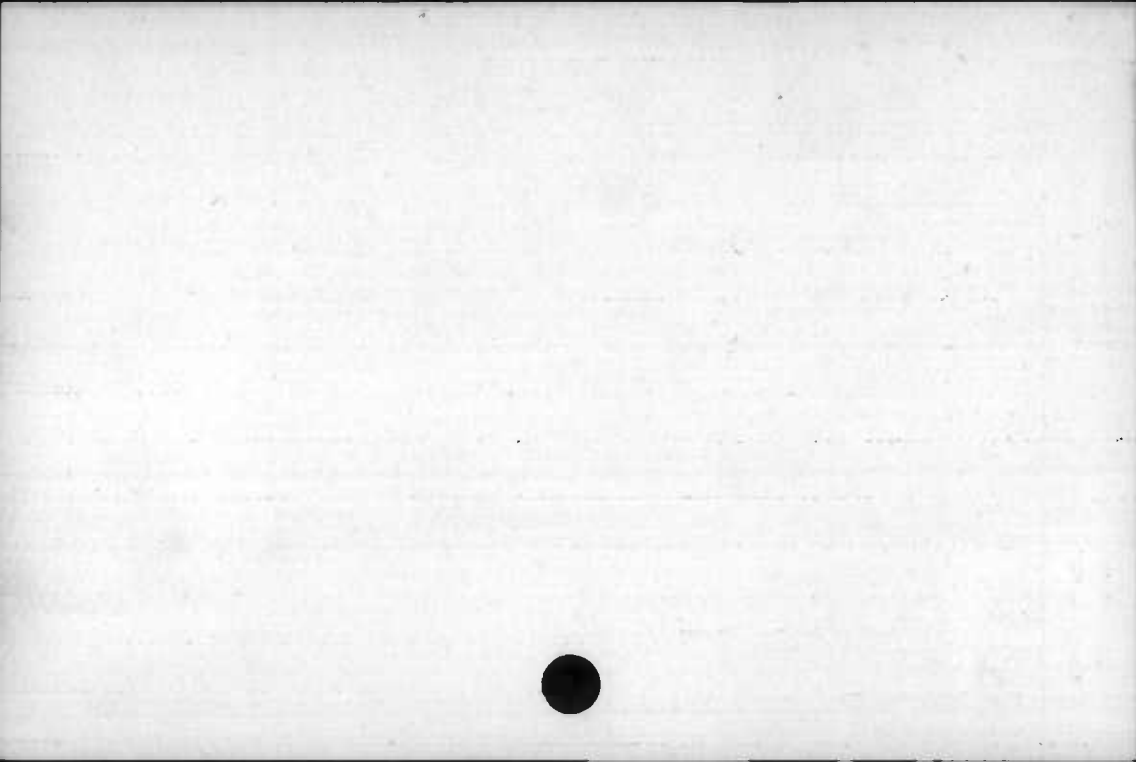
Died at <i>Mt Hope Retreat</i>		County <i>Baltimore</i>			
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>21st</i>	Years <i>75</i>	Months <i>not known</i>	Days <i>not known</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland Md</i>	
Occupation <i>Religion - Sister of Charity</i>		Where Residing if not at place of death <i>Mt Hope Retreat</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis. L. Hemiplegia</i>	How long <i>abt 4 or 5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Flannery</i>
<i>8</i>	Address <i>Mt Hope Retreat</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucy A. Murphy Town *Pella* County *Baths* MARYLAND

Died at *Pella*

Date of death *1909* Month *Feb.* Day *22* Age *64* Months *No* Days *No*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House keeper* Where Residing if not at place of death *Pella*

Married, Single or Widowed *Married* Name of Wife or Husband *John T. Murphy*

Father's Name *John Oliver* Father's Birthplace *Scotland*

Mother's Maiden Name *Margaret Oliver* Mother's Birthplace *Ireland*

Name of person giving Information *John T. Murphy* How related to deceased *Husband*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes and Pneumonia* How long *Some months*

Immediate *Toxaemia* How long *The first - 6 days the latter 4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. J. Byrne* Address *Edlicott City Md*

Accident or Suicide *8*

1 May Cross Cemetery Hartford Road

Name
in
Full

Mrs. Annie M. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
South Point Road		Baltimore					
Date of death	1909	Month	7th	Day	9th	Age	60
Sex		Color or Race		Birthplace		Months	
F		White		Maryland		10	
Occupation		Where Residing if not at place of death				Days	
Housewife		South Point Road				28	
Married, Single or Widowed		Name of wife or Husband					
Widowed		William H. Murray					
Father's Name		Father's Birthplace					
John H. Harris		Md					
Mother's Maiden Name		Mother's Birthplace					
Maria Blake		"					
Name of person giving Information		How related to deceased					
William H. Murray		Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic interstitial nephritis	How long	8 years
Immediate	Uremic Coma	How long	Two days
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
8		Alfred J. Gurney M.D.	
Accident or Suicide		Address	
		Fitch - Catonsville, Md	

Stewart & Mowen Co
Funeral Directors
215 - Park Ave
for Interment in
Green Mount Cemetery
February - 11th / 09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Edward Myers</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>14</i>		Year <i>1909</i>	
Date of death		Age <i>2</i>		Months <i>10</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>3505 Eastern Ave.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Myers</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Maggie Buck</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Charles Myers</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Lobular Pneumonia</i>	How long <i>2 da</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Maxfield</i>
Address <i>3 x Gough</i>	
Accident or Suicidal <i>No</i>	<i>Highlandtown Md</i>

John Vermij & Son

Sac Heart Lake

Feb 16/09

Name
in
Full

Ellen Nagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

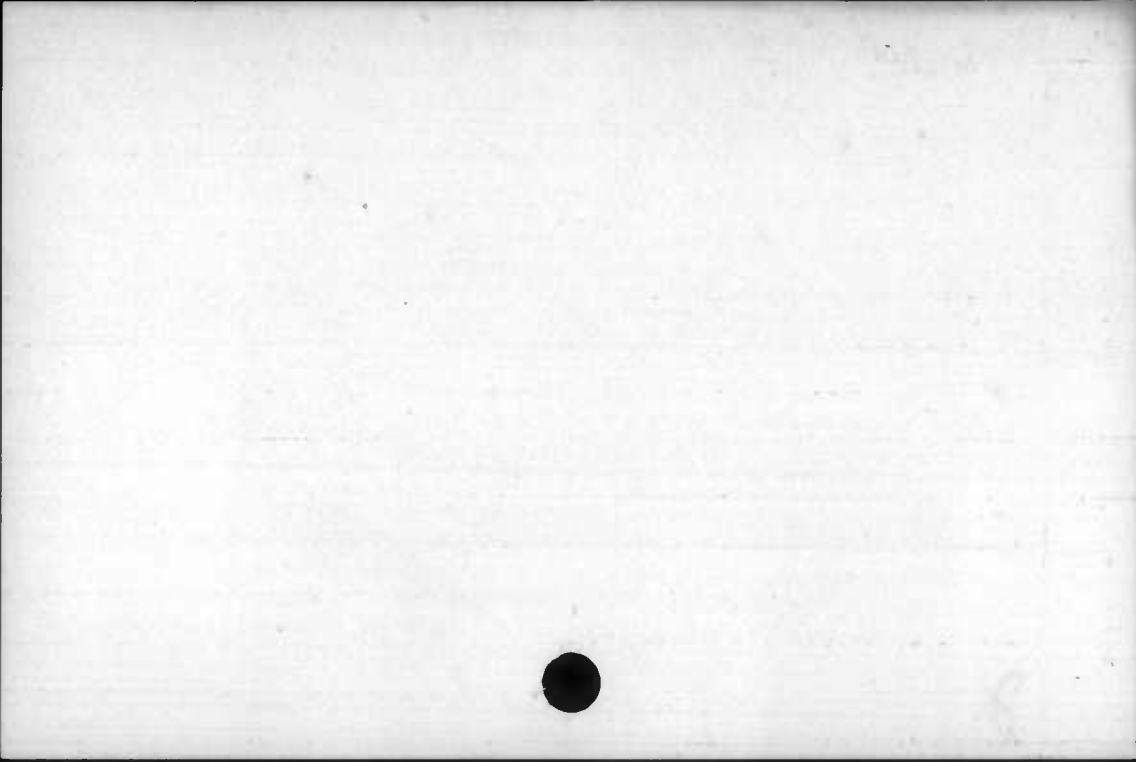
Died at <i>Wt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>73</i>	Years <i>7</i> Months <i>not known</i> Days <i>not known</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>none</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Reeds, Wt Hope</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>mania chronic</i>	How long <i>over 19 yrs</i>
Immediate <i>Ex Cerebral Congestion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Wt Hope Retreat</i>
	<i>Wt Hope Md.</i>
Accident or Suicide? <i>J</i>	



Name
in
Full

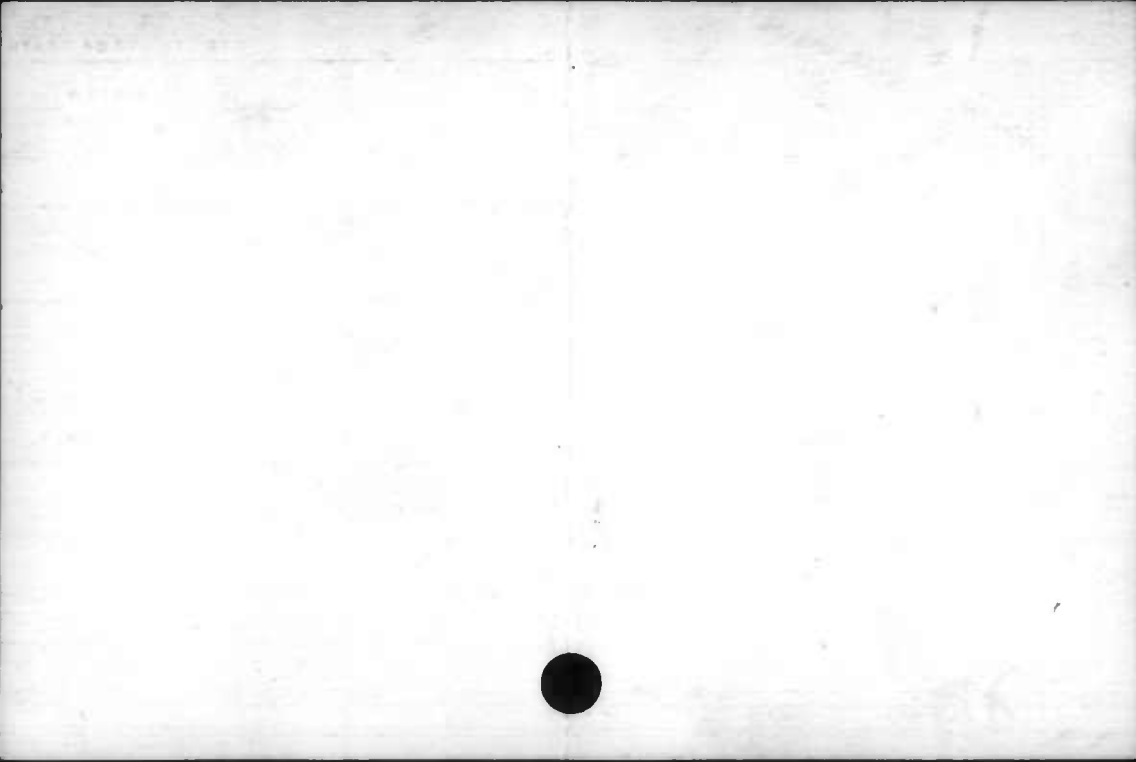
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Beckleyville		Baltimore		Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Feb.		3rd	Age	58	4		
Sex		Color or Race		Birth-place			
Female		White		Baltimore			
Occupation				Where Residing if not at place of death			
Hwf.							
Married, Single or Widowed		Name of Wife or Husband					
Married		Mrs J. B. Morris					
Father's Name		Father's Birthplace					
Nicholas Gardner		Ohio					
Mother's Maiden Name		Mother's Birthplace					
Virginia Gardner		Baltimore					
Name of person giving Information		How related to deceased					
Alberta V. Morris		Daughter.					

PHYSICIAN
OR CORONER

CAUSES OF DEATH		43
carcinoma of left breast		
Primary	Surgical operation	How long
Immediate	General anaemia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
		J. B. Morris M.D. Freeland Md
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

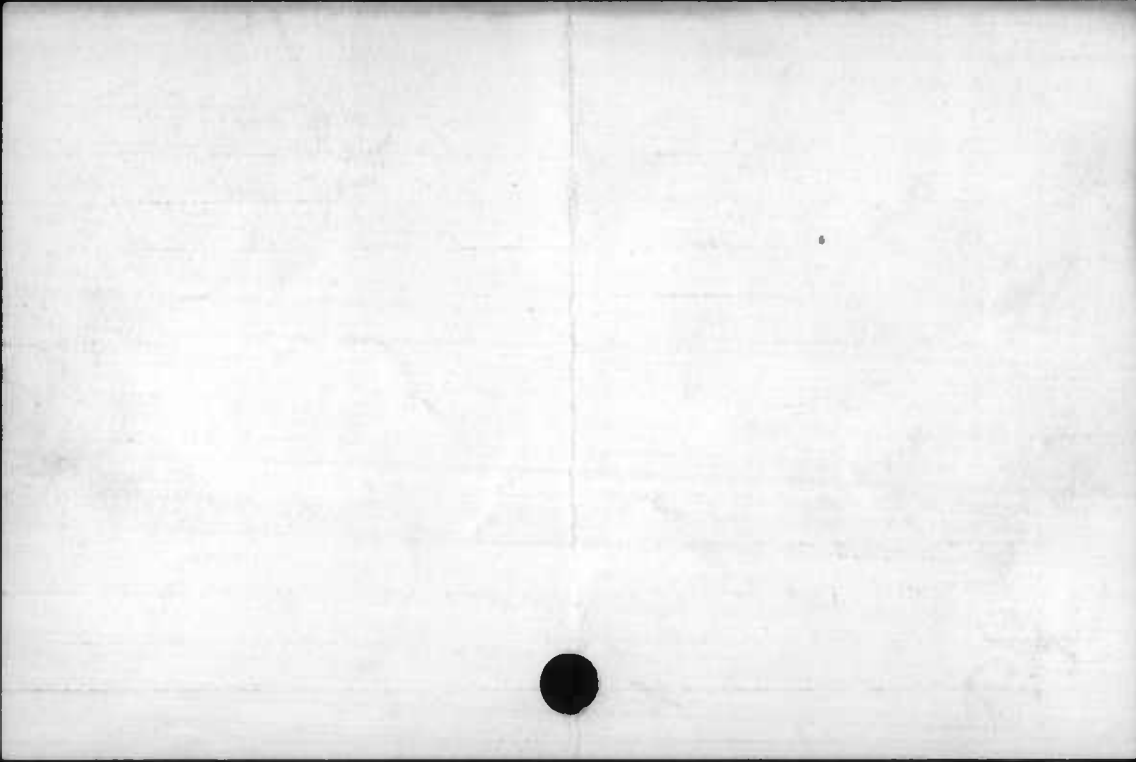
Name in Full <i>John James Bosley Parlett</i>		Town <i>Glen arm</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 Feb 24</i>		<i>57</i>		<i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co Md.</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mr. James Bosley Parlett</i>		Father's Birthplace <i>Balto Co Md.</i>					
Mother's Maiden Name <i>Elisabeth Bond</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Margaret Parlett</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pneumonia tuberculosis</i>		How long <i>several years</i>
Immediate <i>organic heart disease (dilatation)</i>		How long <i>not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>		Signature of Physician <i>John S. Green</i>
Address <i>Gittings</i>		
Accident or Suicide? <i>8</i>		<i>Md.</i>



Name
in
Full

Fredrick J. Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb	26	81			
Sex	Male	Color or Race	white	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death	Sweet Air		
Married, Single or Widow	Married		Name of Wife or Husband	Catherine Peters			
Father's Name	Not Known			Father's Birthplace	Germany		
Mother's Maiden Name	Not Known			Mother's Birthplace	Germany		
Name of person giving Information	Walter Borkse			How related to deceased	Son in Law		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Run over by train M. & P. & R.	How long	Instantly
Immediate	on Feb 26-1909 - while walking the tracks, unavoidable	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	R. C. Massenburg		
Address	Towson		
Accident or Suicide	Accident		
	Joseph B. Herbert. (Coroner)		

John Burns. Smo

Buried at Sweet Air
Cemetery — 10th Dec 18

Name
in
Full

Lillian Elizabeth Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

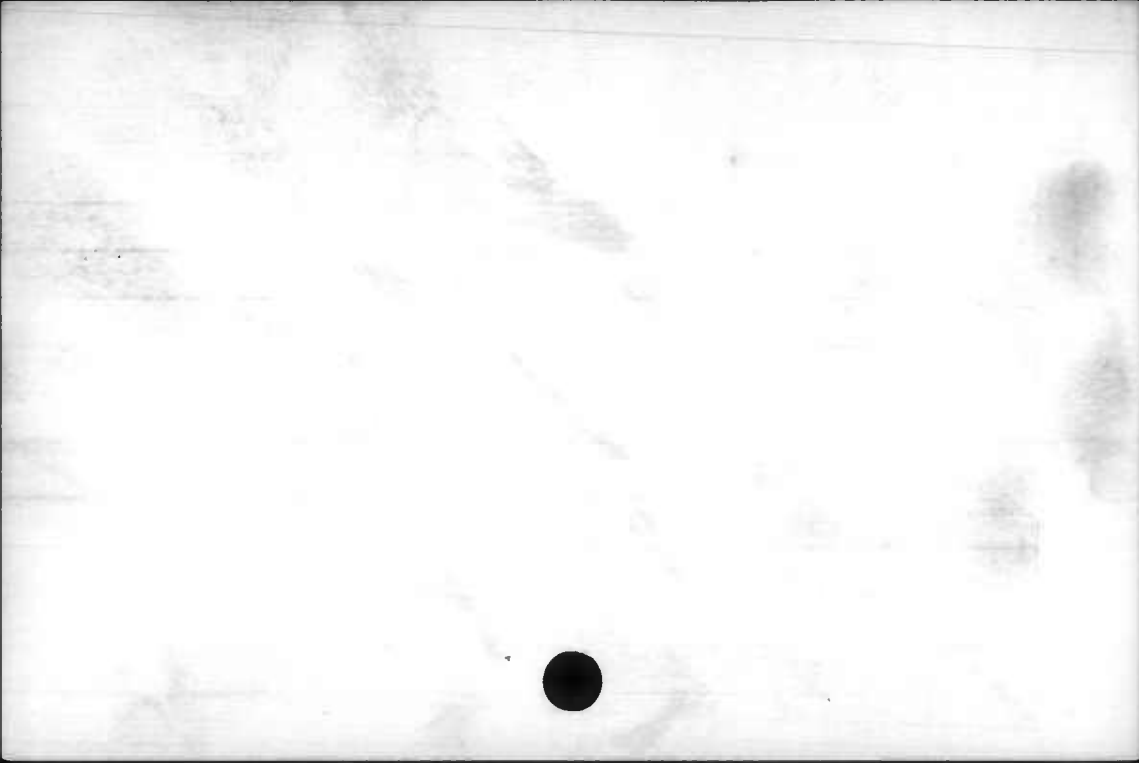
Died at <i>St Helena</i> Town		<i>Bafo</i> County		MARYLAND	
Date of death 190	<i>9</i> Month	<i>16</i> Day	Age <i>1</i> Years	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>St Helena</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Frank Phelps</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Alice Beckett</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Frank Phelps</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	<i>Measles, followed by Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Cerebral Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. B. McCormick M.D.</i>	
<i>m</i>		Address <i>Sparrow Point</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *W. Roland Park* ^{County} *Baltimore*

MARYLAND

Date of death *1909 Feb.* ^{Month} *14* ^{Day} *1* ^{Years} *2* ^{Months} *24* ^{Days}Sex *Female* Color or Race *Colored* Birth-place *Baltimore Md*Occupation *Infant* Where Residing if not at place of death *W. Roland Park*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Morris Phillips* Father's Birthplace *Baltimore*Mother's Maiden Name *H. Scott* Mother's Birthplace *Baltimore*Name of person giving information *Morris Phillips* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Acute Tuberculosis* How longImmediate *Acute Tuberculosis* How long *Two weeks or more*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Edw. Shortt*Address *535 Robert St*Accident or Suicide? *Baltimore City*

St John Church -

A S Marshall

5539 Falls Road

Le 715-1909

Falls Road. Cross Keyes.
at city-limit

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Poole</i>		Town <i>Ortington</i>		County <i>Balto</i>		MARYLAND	
Died at							
Date of death		Month <i>12</i>	Day <i>8</i>	Age	Years <i>65</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Marroll Co</i>			
Occupation <i>Housewife</i>				Where Reiding if not at place of death <i>Woodland Ave Cro</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Aaron Poole</i>				Father's Birthplace <i> Md</i>			
Mother's Maiden Name <i>Elizabeth Neal</i>				Mother's Birthplace <i> Md</i>			
Name of person giving Information <i>Margaret Poole</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary	<i>Cancer of stomach</i>	How long <i>Ten years</i>
Immediate	<i>General debility</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. A. Dickey M.D.</i>
		Address <i>14 N. Monroe St. Baltimore, Md.</i>
Accident or Suicide <i>X</i>		

Western Ceu

Thursday Feb 11-1909

W^m Book

502 E. North ave

Undertaker

Name
in
Full

John T. Porter

1909 Oct 10
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Washington</i>		County <i>Balt.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>7</i>	Age	Months <i>3</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Nurse</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James E. Porter</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Cora Traylor</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>James E Porter</i>	How related to deceased <i>Fratter</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Beeton</i>
<i>J</i>	Address <i>Port Washington Ind.</i>
Accident or Suicide?	

St Marys Hampton

Feb 9. 1909

Wm E Cherrwellson
919 3rd Ave Hampton

Name
in
Full

Eda J. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

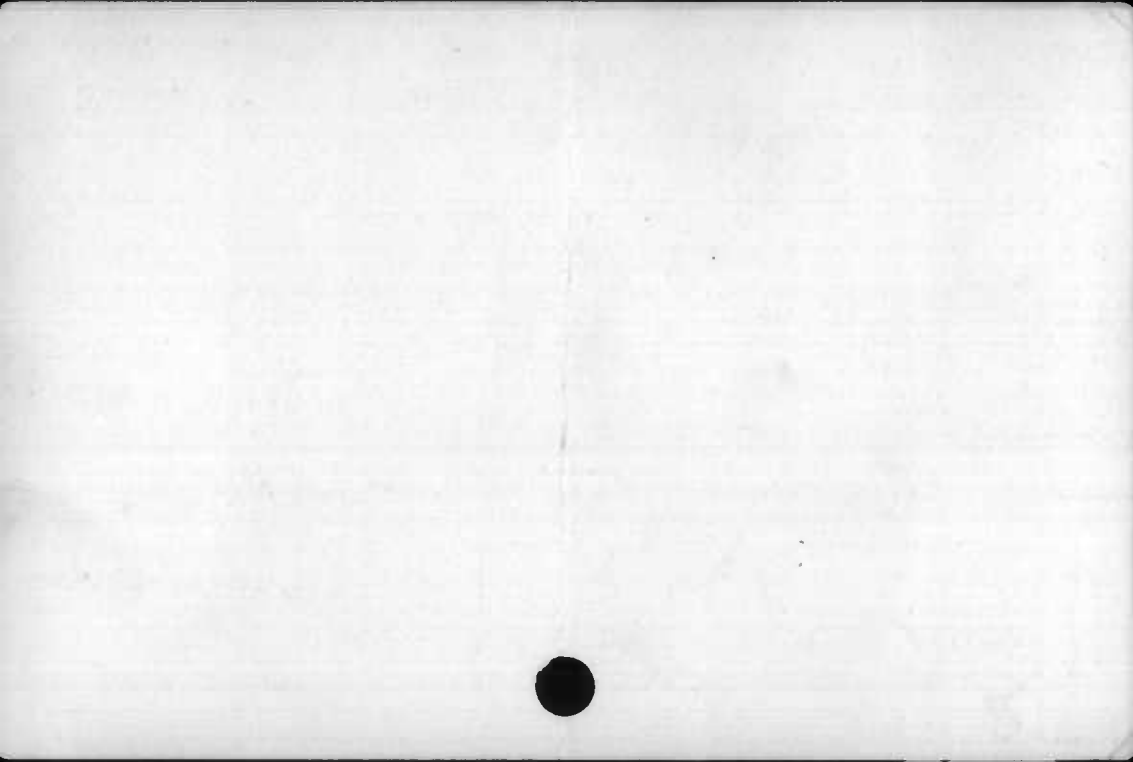
Died at <i>Harmon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1909	Month	Feb	Day	22
Sex	Female	Color or Race	White	Age	46
Occupation	Home		Birth-place	<i>Balti. Co. Md</i>	
Where Residing if not at place of death			<i>Harmon Balt. Co. Md</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>Widowed</i>			<i>X</i>		
Father's Name			Father's Birthplace		
<i>Israel Price</i>			<i>Balti. Co. Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Rachel Brown</i>			<i>Balti. Co. Md</i>		
Name of person giving information			How related to deceased		
<i>Gertie Mae Brown</i>			<i>Daughter</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulm. may Tuberculosis</i>	How long	<i>1 yr</i>
Immediate	<i>General failure of vital powers</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. E. Benson</i>	
		Address	
		<i>Backusville Md</i>	
Accident or Suicide?			
<i>X</i>			



Name
in
Full

Mason Rainer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

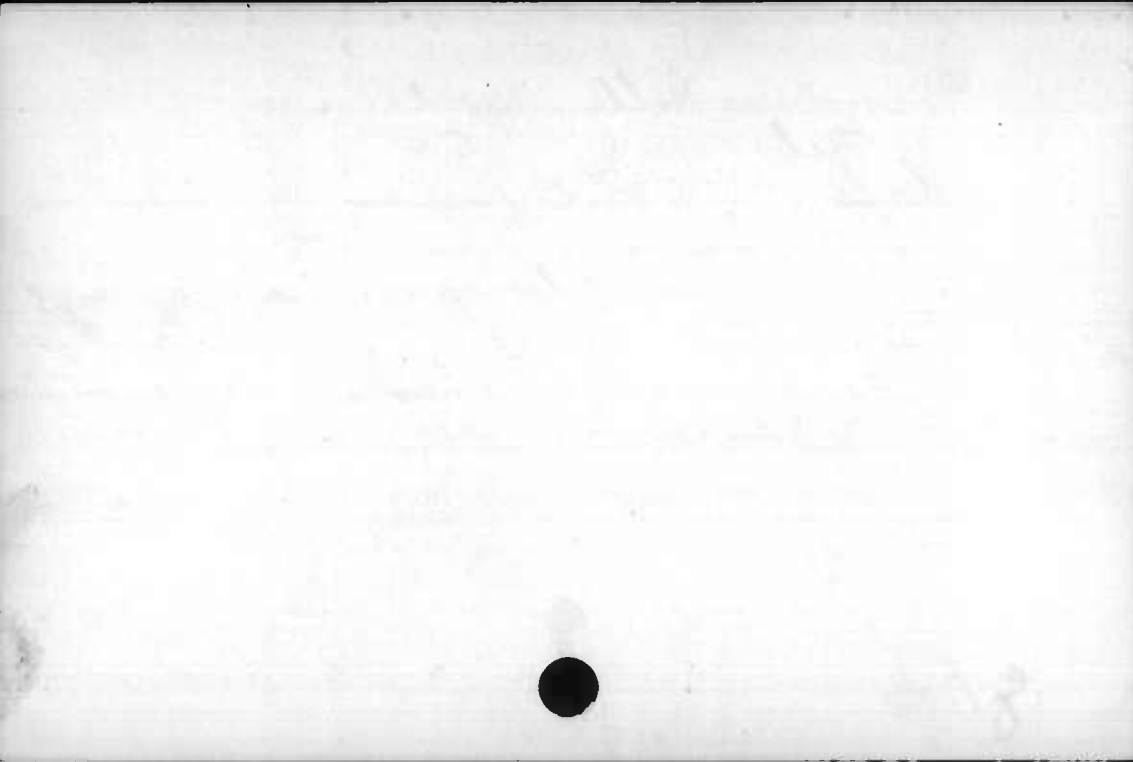
Died at		Town Catonsville		County Balto		MARYLAND	
Date of death		1909	Month Jul	Day 24 th	Age 45-	Months -	Days -
Sex Male		Color or Race White		Birth- place Virginia			
Occupation Ice Cream Business		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Widower		Name of Wife or Husband Matilda Rainer					
Father's Name Montney Rainer		Father's Birthplace Virginia					
Mother's Maiden Name Lula Ma Honey		Mother's Birthplace Virginia					
Name of person giving In formation Geo R Biersaft		How related to deceased Brother-in-law					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Neuronic Prostration	How long	4 weeks
Immediate	Hypostatic Pneumonia	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Dummick	
Address Woodlawn Sta Md.			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

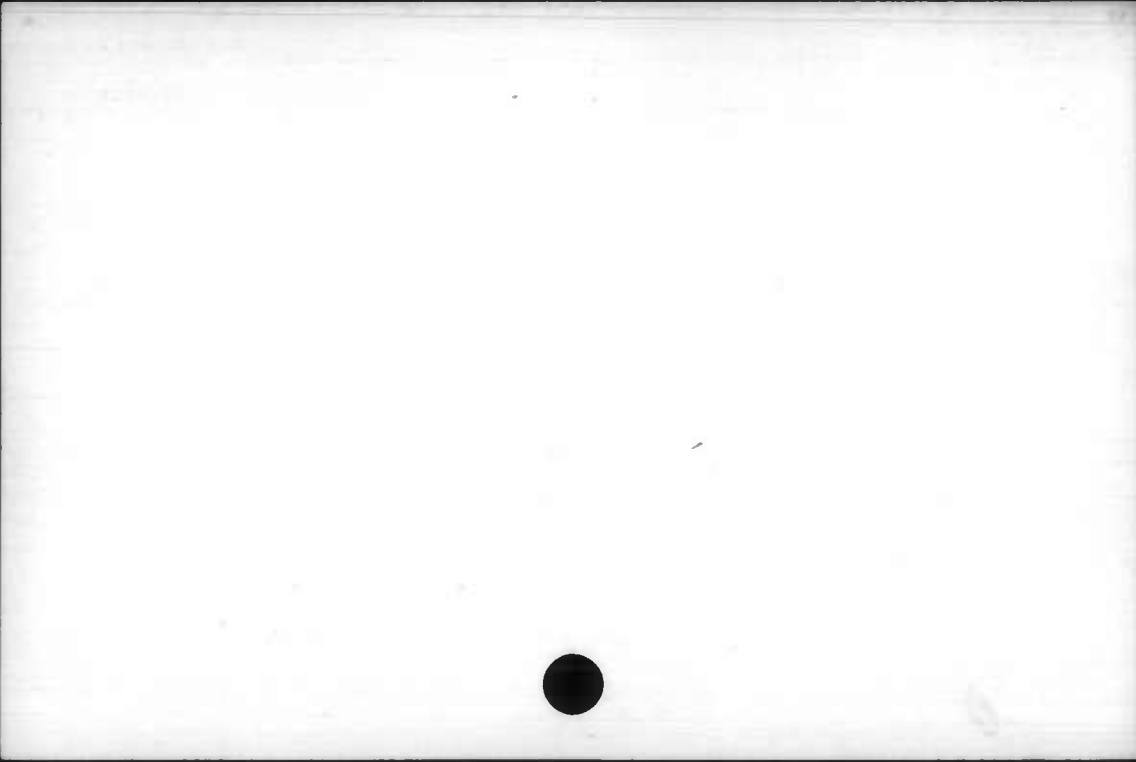
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James W. Ramsey		Town Windsor Hills		County Baltimore		State MARYLAND	
Died at Windsor Hills		Month Feb		Day 14		Years 54	
Date of death 190		Month Feb		Day 14		Years 54	
Sex Male		Color or Race White American		Birth-place North Carolina		Days 14	
Occupation Merchant		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Anna Irons Ramsey					
Father's Name Wm Ramsey		Father's Birthplace N. Carolina					
Mother's Maiden Name Margaret Boucher		Mother's Birthplace N. Carolina					
Name of person giving Information Alfred Ramsey		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Tuberculosis Pulmonalis	How long ?
Immediate Cause ?	How long ?
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. P. Hubbard
Accident or Suicide Neither	Address 647 N. Calhoun St



Name
in
Full

CERTIFICATE OF DEATH

Antonio J. Pitt

Town

Highlandtown

County

Balto.

MARYLAND

Died at

Date

of death 1909

Month

Feb

Day

5th

Age

Years

34

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Harness Maker

Where Residing if not
at place of death

33 S. Clinton St

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rosa Pitt

Father's
Name

Joseph Pitt

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Germany

Name of person giving
Information

Rosa Pitt

How related
to deceased

Wife

CAUSES OF DEATH

93

Primary

Pneumonia

How long

22 day

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A S Warner M.D.

Address

320 Highland Ave

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery
Feb 8 1909

Lilly and Geiler
Undertakers

Name
in
Full

Eliza Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

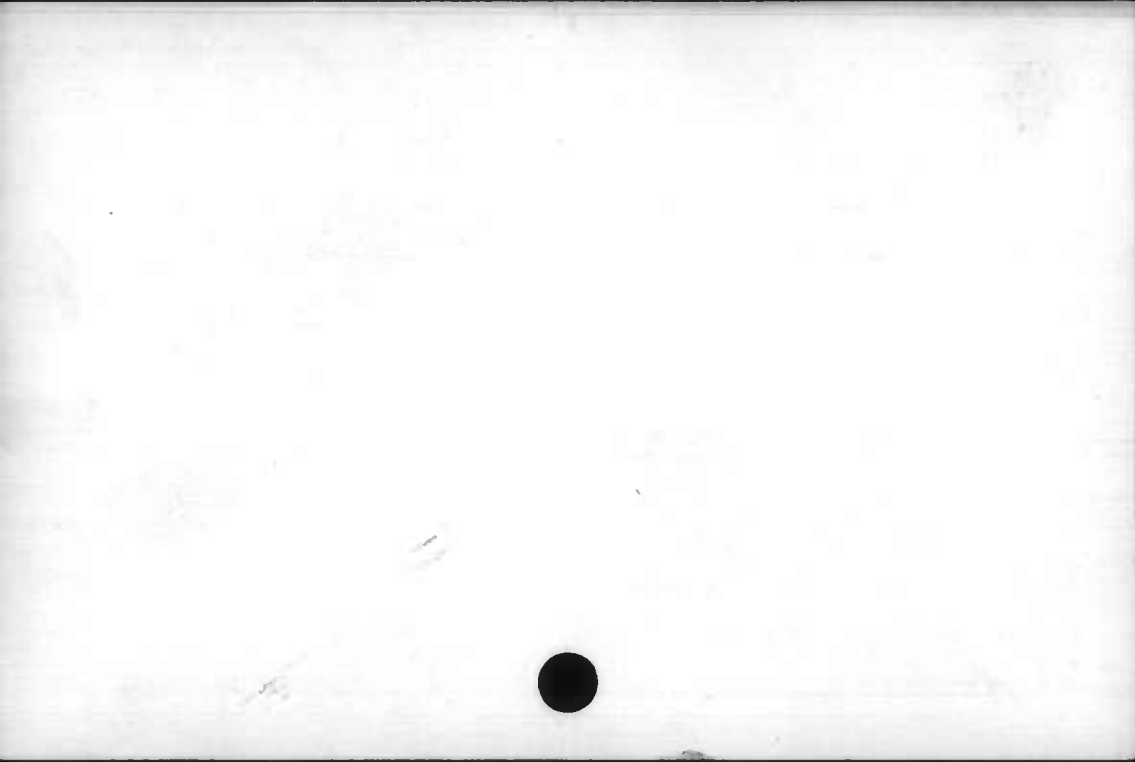
Died at Gwynnare Ave. Baltimore MARYLAND
 Date of death 190 9 Feb. 14th Age 34 Years Months Days
 Sex Female Color or Race Negro Birth-place Va.
 Occupation Housewife Where Residing if not at place of death
 Married, Single or Widowed Single Name of Wife or Husband Rufus Robinson
 Father's Name Edmund Jennings Father's Birthplace Va
 Mother's Maiden Name Lilie Foilke Mother's Birthplace Va
 Name of person giving Information Rufus Robinson How related to deceased Husband

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Lobar Pneumonia How long 1 week
 Immediate Exhaustion How long 1 day
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician F. C. Eldredg M.D.
 Address Spencer Point Md
 Accident or Suicide X



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Richard Robinson*
 Died at *Corbett* Town *Baltimore* County
 Date of death *1907 Feb. 11* Age *22* Months Days
 Sex *male* Color or Race *Black* Birth-place *Pa*
 Occupation *Seventh* Where Residing if not at place of death *-*
~~Married~~ Single Name of Wife or Husband *-*

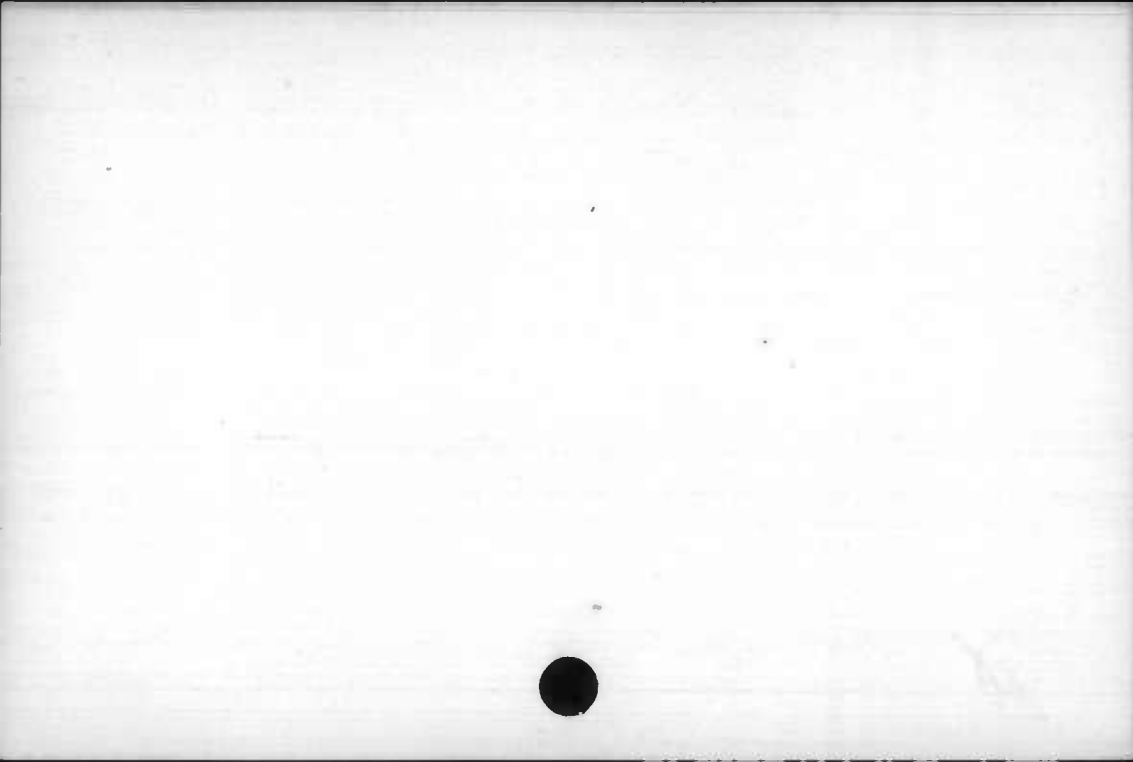
Father's Name *-*Father's Birthplace *-*Mother's Maiden Name *-*

Mother's Birthplace

Name of person giving information *-*How related to deceased *-*

CAUSES OF DEATH

*166*Primary *Stitch in abdomen by knife* How longImmediate *Shock, heart failure* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Ross Payne*Address *Corbett Md*Accident or Suicide? *-*



Name
in
Full

Anne E Ruby

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND		
Date of death 1909	Month <i>Feb.</i>	Day <i>4th</i>	Age <i>75</i>	Years	Months	Days <i>Six</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed				Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Wm H Ruby</i>								
Father's Name <i>William Whitter</i>				Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Sarah A Randall</i>				Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>J. H. Saneto</i>				How related to deceased <i>None</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart and Kidney Disease</i>	How long <i>One year</i>
Immediate <i>Croftsy</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Saneto</i>
	Address <i>Towson</i>
	Accident or Suicide?

Henry W. Means & Son
Greenmount Cemetery

Name
in
Full

Tillinda Cooper Scarborough

CERTIFICATE OF DEATH

Town

County

Died at *Powson**Baltimore*

MARYLAND

Date

of death *1909*

Month

2

Day

11

Age

Years

83

Months

8

Days

—

Sex

*Female*Color or
Race*White*Birth-
place*Harford Co*

Occupation

*None*Where Residing if not
at place of death*Powson*Married, Single
or Widowed*Single*Name of Wife or
Husband*✓*Father's
Name*Samuel Scarborough*Father's
Birthplace*Harford Co*Mother's
Maiden Name*Lititia Warner*Mother's
Birthplace*Harford Co*Name of person giving
Information*Harald Scators*How related
to deceased*Nephew*

CAUSES OF DEATH

154

Primary

Infirmities of age

How long

24 hours.

Immediate

Cardiac weakness

How long

*Suddenly*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. C. Massenburg*

Address

Powson

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Berni Sons

Friends Burial Grounds

Providence

Hartford Co

Name in Full Franklin Schaller		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at 3402 Wilson St Town Balto County Balto		MARYLAND
	Date of death 1909 Month Feb Day 3rd Age — Years — Months 10 Days —		
	Sex Male Color or Race White Birth-place Balto Co		
	Occupation — Where Residing if not at place of death 3402 Wilson St		
	Married, Single or Widowed — Name of Wife or Husband —		
	Father's Name Frederick Schaller Father's Birthplace Germany		
	Mother's Maiden Name Mary Keil Mother's Birthplace Baltimore		
Name of person giving information Father How related to deceased Father			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Measles How long 10 days		
	Immediate Bronchitis Pneumonia How long 5 days		
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. L. Bunker D.	
	J	Address 3042 Hudson St	
	Accident or Suicide? —		

Trans

John B. Schuch & Son

Date of burial Feb 5th 09

Trinity cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louisa Schenning</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>Feb.</i>		Day <i>14</i>		Years <i>33</i>	
Date of death <i>1909</i>		Months <i>5</i>		Days		Age <i>33</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Schenning</i>					
Father's Name <i>John Fertig</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Eva. Gleins</i>		Mother's Birthplace <i>LI</i>					
Name of person giving Information <i>Wm. Schenning</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Was attended</i>
Immediate <i>Exhaustion</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Albertus Catron</i>
<i>8</i>	Address <i>1826 E. Balt. St.</i>
Accident or Suicide <i>No</i>	<i>Balto. Md.</i>

Woot Holly Redeemer Cemy

Feb, 17/1909

John A Moran

Name
in
Full

Elizabeth Schier

CERTIFICATE OF DEATH

Died at

Heighamstown

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

2

Day

2

Age

Years

86

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death232 S. 3rd St.~~Married~~ Single
or WidowedName of Wife or
Husband

late Frederick Schier

Father's
Name

Ernest Seidhart

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Richardt

Mother's
Birthplace

Germany

Name of person giving
In formation

Family. —

How related
to deceased

Daughter

CAUSES OF DEATH

93

Primary

Pneumonia

How long

few days

Immediate

congestive Lungs

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. W. Dammann M.D.

Address

3502 Bank St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A. Pink & Son
Undertaker
Cedar Hill Cemetery
Funeral Friday March
5th 1909

Name
in
Full

Adam Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND		
Date of death <i>1909</i> <small>Year</small>		<i>2</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>58</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>				
Occupation <i>Stock clerk</i>	Where Residing if not at place of death <i>3421 E. Balto</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Schmidt</i>					
Father's Name <i>Unknown</i>	Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Geo. E. Schmidt</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>17 days</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Warner</i>
<i>8</i>	Address <i>320 Highland Ave</i>
Accident or Suicide? <i>No</i>	

Louden Park Tenn,
J Herwig & Son
2/5/09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Oliver & Mollie Schuman

Died at ^{Town} Highland Stom ^{County} Balto. MARYLAND

Date of death 190 ^{Year} 7 ^{Month} Feb. ^{Day} 19 Age ^{Years} Still ^{Months} Birth ^{Days}

Sex Male Color or Race white Birth-place Balto. Co

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Oliver M. Schuman Father's Birthplace Germany

Mother's Maiden Name Mollie Weisner Mother's Birthplace Balto.

Name of person giving Information Oliver M. Schuman How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Birth, — How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Chas. McLaughlin M.D.*
Address *619 S. Clinton St. —*

Accident or Suicide —

H. Sonder & Sons

Baltimore Com.

Feb. 20 / 09.

Name
in
Full

Frederick Adams Selway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town— Mt Wmms		County Baltimore		MARYLAND	
Date of death		Month Feb.	Day 20	Age 84	Years 8	Months 8	Days 8
Sex male		Color or Race white		Birth-place England			
Occupation Carpenter		Where Residing if not at place of death at place of death.					
Married, Single or Widowed Widowed		Name of Wife or Husband Fanny Selway.					
Father's Name James Selway.		Father's Birthplace England					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Ellen A. James.		How related to deceased Half sister					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Stroke of paralysis	How long	9 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Rexland	
yes		Address Mt Wmms	
Accident or Suicide?		mel. 13	

Nicholas Fink

Baltimore

Cemetery

Name in Full		Wm D. Severe				Born July 9		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		Sex		Color or Race		Birth-place		Months	
		Occupation		Where Residing If not at place of death		Years		Days	
		Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
		Father's Name		Mother's Maiden Name		How related to deceased			
		Name of person giving information							
		CAUSES OF DEATH				93			
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		10 days	
		Immediate		Schistosomiasis		How long		3 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank W. Kibel	
		Address		Landover Md					
		Accident or Suicide?		No					

Wm Cork
Walter Leland

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry Slimbaker

Died at ^{Town} Mt. Washington^{County} Baltimore

MARYLAND

Date of death 1909 ^{Month} Feb. ^{Day} 24Age ^{Years} 64 ^{Months} 4 ^{Days} 8

Sex Male

Color or Race White

Birth-place Balto. City, Md

Occupation Stone-mason

Where Residing if not
at place of deathMarried, Single
or Widowed SingleName of Wife or
Huaband

Father's Name John Slimbaker

Father's Birthplace Germany

Mother's Maiden Name unknown.

Mother's Birthplace Germany

Name of person giving
Information John H. SlimbakerHow related
to deceased Nephew

CAUSES OF DEATH

Primary Paralysis

How long 19 months

Immediate Cardiac asthma

How long 1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

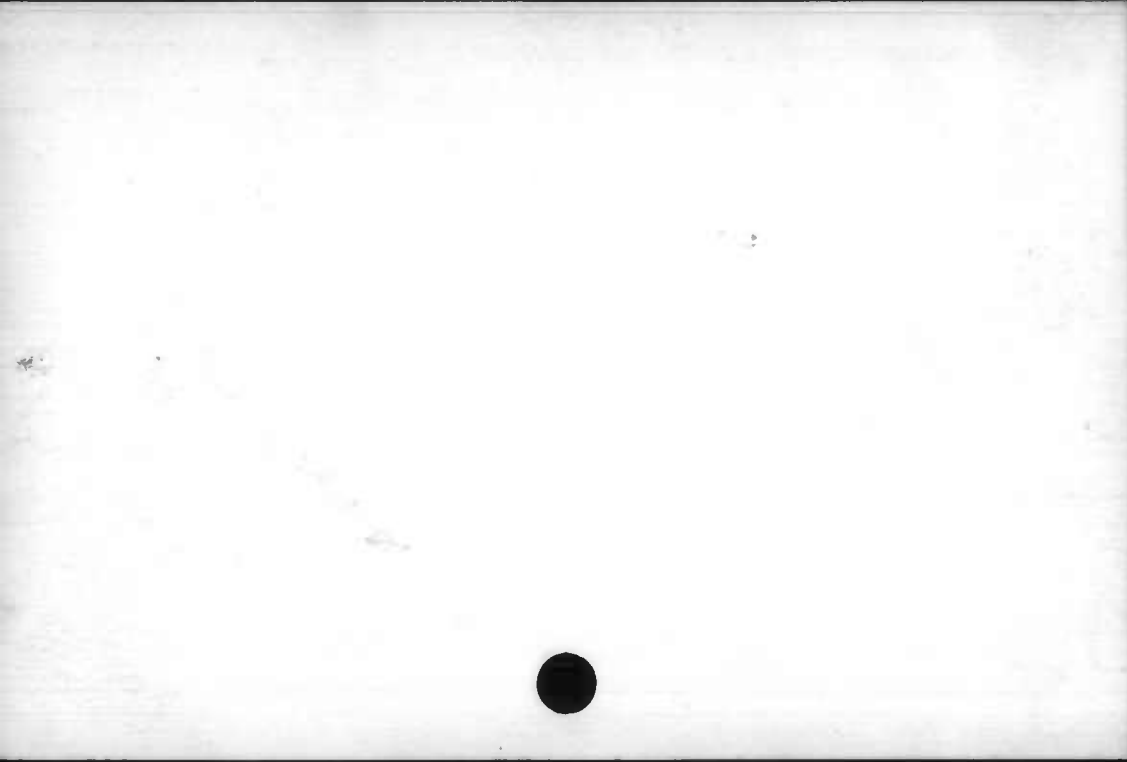
Dr. Josiah S. Bowser

Address

Mt. Washington, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Groans</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	1
Age	78	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Virginia
Occupation	Housekeeper	Where Residing if not at place of death <i>Groans</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Thomas Smith			Father's Birthplace	England
Mother's Maiden Name	Mary Dean			Mother's Birthplace	Virginia
Name of person giving Information	Miss Elizabeth W. Smith			How related to deceased	sister

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia -</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion.</i>	How long	<i>Suddenly.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo H. Hocking</i>
		Address	<i>Sta Ct. Baltimore</i>
			<i>York Rd Groans.</i>
Accident or Suicide			

Shewart & Mowen Co
Funeral Directors
215 Park Ave
for Interment in
Gracemount Cemetery
Feb. 2 - 1899.

Name
in
Full

Mrs Janet G. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>7</i>		Age <i>58</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Wife</i>				Where Residing if not at place of death <i>St. E. P. Hospital</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>X</i>							
Father's Name <i>Thomas Goodwin</i>				Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Ellen Ayres</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Dr. E. A. Brush</i>				How related to deceased <i>none</i>					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>		How long <i>Since Augt 1908</i>	
Immediate <i>Hung herself to door of bedroom</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. C. Marnburg</i>	
Address		Address	
Accident or Suicide <i>Suicide</i>		<i>Joseph B. Herbert</i> Coroner	

J. N. Jenkins & Sons Co

Notifying you the day of funeral
& Cavity

to 151 N. Lafayette Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maria Louise Smith</i>		Town <i>McDonough</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>McDonough</i>		Month <i>Feb.</i>		Day <i>10</i>		Years <i>71</i>	
Date of death <i>1909</i>		Month <i>Feb.</i>		Day <i>10</i>		Years <i>71</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Virginia</i>		Months <i>4</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Baltimore Md.</i>		Days <i>12</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Ballard Smith</i>		Father's Name <i>Edmond A. Ronzie</i>		Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name <i>Maria Louise Pleasants</i>		Name of Wife or Husband <i>John Ballard Smith</i>		Mother's Birthplace <i>Virginia</i>		How related to deceased <i>Daughter in law</i>	
Name of person giving Information <i>Jessie Gary Smith</i>		Name of Wife or Husband <i>John Ballard Smith</i>		Mother's Birthplace <i>Virginia</i>		How related to deceased <i>Daughter in law</i>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>8 hours</i>
Immediate	<i>Paralysis</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. A. Jones M.D.</i>	
		Address <i>Wilmington</i>	
Accident or Suicide <i>X</i>			

L. Madison Mitchell
1201 W Fayette St
To Staunton Va

Name
in
Full

Susan Smith

CERTIFICATE OF DEATH

Died at *Grove* Town*Baltimore* County

MARYLAND

Date

of death *1909*

Month

2

Day

1

Years

Age *33*

Months

6

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Grove*

Occupation

*Cook*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Robert L. Smith*Father's
Birthplace*Grovia*Mother's
Maiden Name*Priscilla Harris*Mother's
Birthplace*Harford Co., Md.*Name of person giving
information*Charles Smith*How related
to deceased*Brother*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Hemiplegia & Exanthema

How long

*2 mo*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. H. Hoeking**Sta. H. Baltimore**York Rd. Grove*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Geo H. Holland
1128 Argyle Ave
Balt. City

Zion Cemetery
Govenstown

Lucan Smith
Schwartz Ave.
Govan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Aaron J Snyder* **Town** *Raspensburg* **County** *Balto* **State** *MARYLAND*

Died at *Raspensburg* **Month** *2* **Day** *28* **Years** *56* **Months** *3* **Days** *1*

Date of death *1909* **Age** *56*

Sex *Male* **Color or Race** *White* **Birth-place** *Ca*

Occupation *Tinner* **Where Residing if not at place of death** *Raspensburg Ind*

Married, Single or Widowed *Single* **Name of Wife or Husband** *Rachel A Snyder*

Father's Name *Adam Snyder* **Father's Birthplace** *Ca.*

Mother's Melden Name *Hofia Gilbert* **Mother's Birthplace** *"*

Name of person giving Information *Rachel A Snyder* **How related to deceased** *wife*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* **How long** *2 hours*

Immediate *Cardiac Failure* **How long** *Sudden termination*

Are the name, age, sex, color, date and place correctly given above? *Yes* **Signature of Physician** *A. L. Wilkinson*

Address *Raspensburg, Ind.*

Accident or Suicide *Neither*

Camp Hill Cemetery,
Cumberland Co Pa

Name
in
Full

John Stanley (Colored)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Lutherville</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>17</i>	Age <i>45</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Towson</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sula Stanley</i>				
Father's Name <i>John Stanley</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Storcks</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Charles Jones</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Accident, killed instantly</i>	How long <i>Instantly</i>
Immediate <i>by falling tree</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Massenburg</i>
<i>Yes</i>	Address <i>Joseph B. Herbert, Coroner</i>
Accident or Suicide <i>Accident</i>	

Robert A. Elliott

Sandy Bottom Tavern

Edw. Schroder

R. Market

Mt O liett Bern

M Bern Michael

Buch & stat gear

Put in line with the
children of Joseph

B & O 7:35

Dr. Aslaugh

Logal

Per. Jm. Webb Patterson
1st Reformed Church

Name
in
FullBorn Oct 11
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. S. Strayer</i>		Town <i>Lowson</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 Feb.</i>		<i>2</i>		<i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>md.</i>		Days <i>22</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Lowson</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Strayer</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lula May Eicholtz</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Harry Strayer</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough & Pneumonia</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion, & on Coughing spell</i>		How long <i>2 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Roy et al</i>	
Address <i>Lowson md.</i>			
Accident or Suicide? <i>no.</i>			

John Burns Sons
Towns

Long Green Wilson
Cemetery.

Name in Full		Edward Calvin Taylor Swift				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Overlea	County Baltimore		MARYLAND	
	Date of death	1909	Month Feb.	Day 19	Age 21	Years 4	Months 8
	Sex	male		Color or Race	white		Birth-place
	Occupation	clerk		Where Residing if not at place of death		Overlea	
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	John E. Swift			Father's Birthplace	Maryland	
	Mother's Maiden Name	Hattie Hall			Mother's Birthplace	Maryland	
Name of person giving information	John E. Swift			How related to deceased	Father		
				CAUSES OF DEATH		79	
PHYSICIAN OR CORONER	Primary	Mitral insufficiency & stenosis			How long	Two years	
	Immediate	Cardiac failure			How long	Few moments	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Harry Gross M.D.	
	Accident or Suicide?		No		Address	908 Cathedral St Balt Md. 14	

Taylor Chapel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Talbott</i>		Town <i>Parma</i>		County <i>Baltimore</i>		MAYLAND	
Died at <i>Parma</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>84</i>	
Date of death <i>1909 Feb 3</i>		Months <i>0</i>		Days <i>0</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Mrs E Talbott</i>					
Father's Name <i>John Brewer</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Anna Bealman</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs W B Wood</i>		How related to deceased <i>Daughter</i>					

Fell out of bed

CAUSES OF DEATH

*166*PHYSICIAN
OR CORONER

Primary <i>Fall on the Head.</i>	How long <i>Three days</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Holbrook, M.D.</i>
	Address <i>728 N. Carey St.</i>
Accident or Suicide? <i>2</i>	

W. J. Dickner & Sons.
Elkridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Baring* Town*Baltimore* County

Date

of death 190

9

Month

Feb

Day

9

Age

Years

3

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Howard Co*Married, Single
or Widowed*X*

Occupation

*X*Name of Wife or
Husband*X**X*Father's
Name*Mason Tappett*Father's
Birthplace*Virginia*Mother's
Maiden Name*Annie Green*Mother's
Birthplace*Ellicott City*Name of person giving
In formation*Mason Tappett*How related
to deceased*Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Preexisting child under care

How long

2 days

Immediate

Don't know did not see

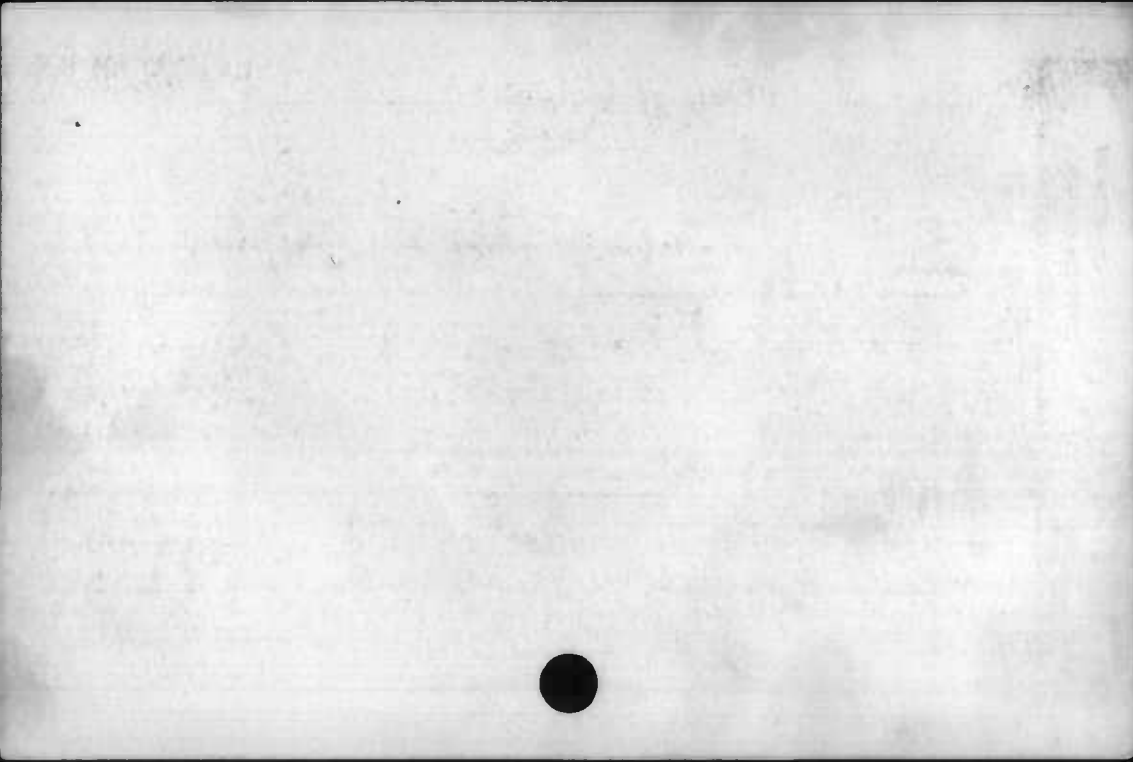
How long

*Don't know*Are the name, age, sex, color, date
and place correctly given above?*X*Signature of
Physician*L. K. Keweenaw*

Address

9450000 Red

Accident or Suicide?



Name
in
Full

Charles C. Tillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at *Boslyn* ^{Town} *Baltimore* ^{County} **MARYLAND**
 Date of death 190 *9* ^{Month} *2* ^{Day} *25* Age *—* ^{Years} *11* ^{Months} *—* ^{Days}
 Sex *Male* Color or Race *Colored* Birth-place *Balt. Co.*
 Occupation *—* Where Residing if not at place of death *Boslyn Balt. Co.*
 Merrisd, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Hezekiah Tillman* Father's Birthplace *Balt. Co.*
 Mother's Maiden Name *Martha Campbell* Mother's Birthplace *Balt. Co.*
 Name of person giving Information *Hezekiah Tillman* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *?*
 Immediate *Exhaustion* How long *1 Day*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Henry C. Naylor*
 Address *Pikesville*
 Accident or Suicide *—*

Campfield -

J. H. Kaph -

Name in Full Theodore R Lumbrough		CERTIFICATE OF DEATH	
Town Glyndon		County Baltimore	
Died at		MARYLAND	
Date of death 190 8		Month Feb	Day 16
Age 2		Months 5	Days -
Sex Male		Color or Race White	
Birth-place Glen Morris		Occupation X	
Married, Single or Widowed X		Occupation X	
Name of Wife or Husband X		Occupation X	
Father's Name Wm Lumbrough		Father's Birthplace Ind	
Mother's Maiden Name Ada Mary Peltzer		Mother's Birthplace Ind	
Name of person giving information Wm Lumbrough		How related to deceased Father	
CAUSES OF DEATH		10	
Primary Gastro Intestinal Trifluoride & Bromide		How long 6 days	
Immediate Peritonitis		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Price	
Address Glyndon Ind		Address Glyndon Ind	
Accident or Suicide? X		Accident or Suicide? X	

Pleasant Grove

Name
in
Full

Mary Allbrandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto ^{County} **MARYLAND**

Date of death 1909 ^{Month} Feb ^{Day} 9 ^{Years} 87 ^{Months} — ^{Days} —

Sex Female Color or Race White Birthplace Germany

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of Wife or Husband John Allbrandt

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information — How related to deceased Niece

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long Went before

Immediate — How long —

Are the name, age, sex, color, data and place correctly given above? 8

Signature of Physician Coroner W. D. Jackson Address —

Accident or Suicide —

Trinity Cemetery.
Feb. 11, 1904
H. Sanderson.

Name
in
Full

CERTIFICATE OF DEATH

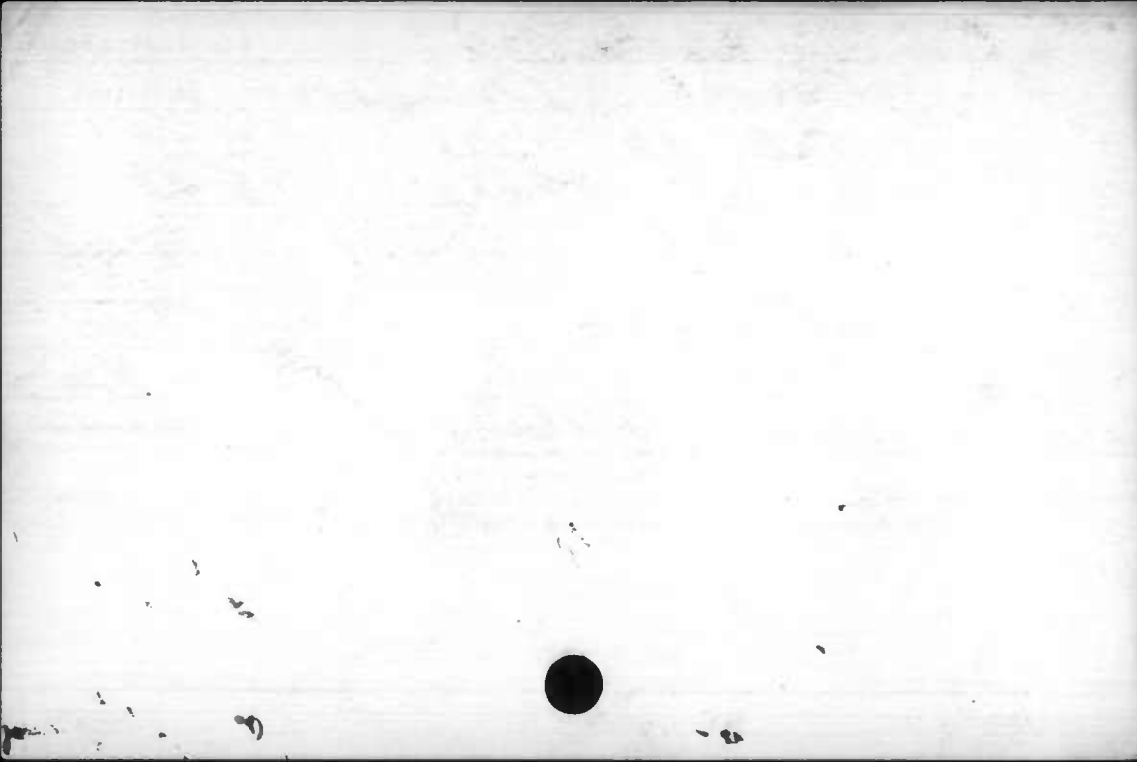
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Rossview</u>	County <u>Palet</u>	MARYLAND			
Date of death	1909	Month <u>Feb</u>	Day <u>10</u>	Age <u>72</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth- place <u>Germany</u>				
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Rossview Md</u>					
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Unknown</u>					
Father's Name <u>Unknown</u>		Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving Information <u>John Fastman</u>		How related to deceased <u>son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Intestinal colic</u>	How long <u>20 hours</u>
Immediate	<u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. V. ...</u>
<u>8</u>		Address <u>Rossview Md</u>
Accident or Suicida		



Name
in
Full

Adam A. Waltemyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Carmel		County Baltimore		MARYLAND	
Date of death	1909	Month Feb	Day 16	Age 78	Years	Months 3	Days
Sex	Male		Color or Race	White		Birth- place	Pa
Occupation	unemployed			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Catherine Waltemyer				
Father's Name	Jacob Waltemyer				Father's Birthplace	Pa	
Mother's Maiden Name	Don't know				Mother's Birthplace	Don't know	
Name of person giving in formation	Jas C Waltemyer				How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart		How long	2-3 yrs
Immediate	Convulsions		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician A. R. Mitchell	
8		Address Monkton Md.		
Accident or Suicide?				

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph J. Wellin*

Died at *Salisbury* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Feb* ^{Day} *19* ^{Years} *Age 41* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Painter* Where Residing if not at place of death *Salisbury Md*

Married, ~~Single~~ ^{Widowed} Name of Wife or ~~Husband~~ *Mamie Weaver*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Mary H Puffer* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Phthisis* How long *four months*

Immediate *Exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edwin E. Jones* Address *Salisbury 3 Maryland*

Accident or Suicide? *J*

E Madison Mitchell
1201 W Fayette St
to Green Mount.

Name
in
Full

Phillip Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barr Hill ^{Town} Balto. ^{County} MARYLAND

Date of death 1909 ^{Month} Feb ^{Day} 24 ^{Age} 68 ^{Years} — ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Island

Occupation Shoemaker. Where Residing if not at place of death Barr Hill

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Annetta Welsh.

Father's Name Patrick Welsh Father's Birthplace Island

Mother's Maiden Name Ann. Malone Mother's Birthplace "

Name of person giving information Mrs Welsh How related to deceased Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Bright's Exhaustion How long 2 yrs.

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W H Beeton Address Int Washington

Accident or Suicide? 8

A S Marshall

Feb 26 - 1909

St Peter's Cemetery

Name
in
Full

John F. Wheelley

CERTIFICATE OF DEATH

Died at ^{Town} Pikesville ^{County} Baltimore MARYLANDDate of death 1909 ^{Month} 2 ^{Day} 23 ^{Age} 64 ^{Year} 64 ^{Month} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} VirginiaOccupation Gas Fitter ^{Where Residing if not at place of death} PikesvilleMarried, Single or Widowed Married ^{Name of Wife or Husband} Mrs. Kate WheelleyFather's Name Do not know ^{Father's Birthplace} Do not knowMother's Maiden Name Do not know ^{Mother's Birthplace} Do not knowName of person giving Information Chas. F. Dallam ^{How related to deceased} none

CAUSES OF DEATH

Primary General debility ^{How long} don't knowImmediate Apoplexy ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above? yes

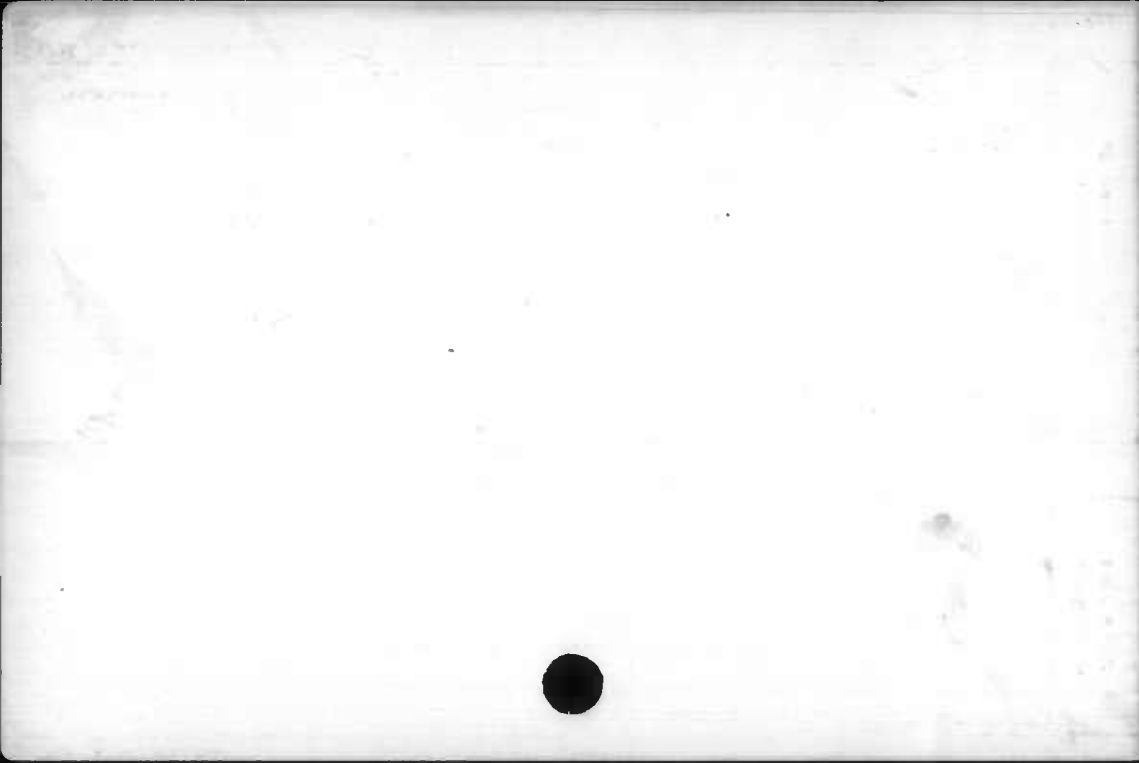
Signature of Physician

Address

W. E. Nym
Pikesville, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	13	69			
Sex	Male		Color or Race	White		Birthplace	Balto Co.
Occupation	Laborer		Where Residing if not at place of death		Eastern Ave Road		
Married, Single or Widowed	Married		Name of Wife or Husband	Marie L. White			
Father's Name	Unknown				Father's Birthplace	Balto	
Mother's Maiden Name	Unknown				Mother's Birthplace	" "	
Name of person giving Information	Marie L. White				How related to deceased	Wife	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	One month
Immediate	Paralysis	How long	One month
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. C. Runk	
Address		2000 E. Balt. Rd.	
Accident or Suicidal		No	

Oak Lawn Cem,
Herrigson
9/16/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

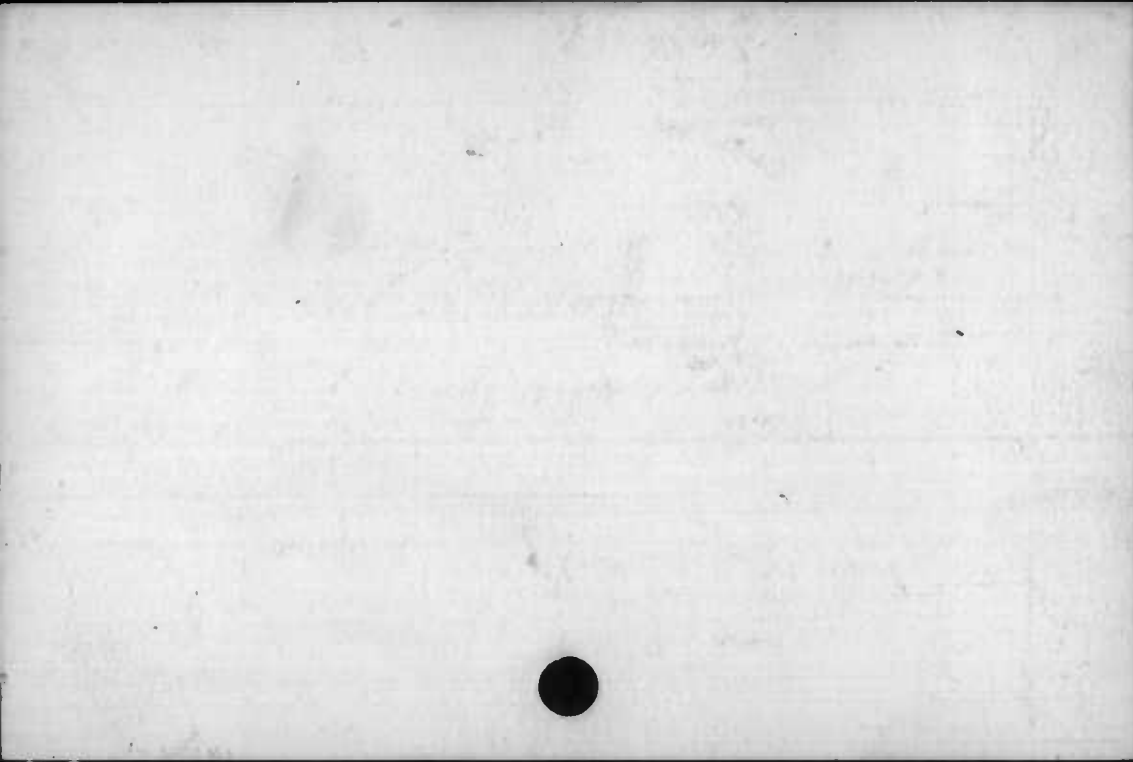
David S. H. Williams		Town		County		MARYLAND	
Died at		Fredericks		Baltimore			
Date	Month	Day	Years	Months	Days		
of death	1909	Feb.	14	Age	91	10	10
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Anna Smith			
Father's Name	Geo. Williams				Father's Birthplace	Unknown	
Mother's Maiden Name	Margaret Shaffer				Mother's Birthplace	" " "	
Name of person giving information	Mollie Walker				How related to deceased	Daughter	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	4 weeks
Immediate	Heart Failure	How long	6 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. R. Albright, M.D.
		Address	Blum Rock.
Accident or Suicide?	No.		R. F. D. #1. Pa.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Williams</i>		Town <i>Warren</i>		County <i>Baltr.</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Warren</i>		<i>1909</i>		<i>61</i>		<i>11</i>	
Month <i>2</i>		Day <i>17</i>		Years <i>61</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Warren Ind.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine Williams</i>					
Father's Name <i>Thos. Williams</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Elizabeth Tracey</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Josephine Williams</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>3 months</i>
Immediate	<i>Aneurysm</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wilmer C. Eason</i>	
<i>X</i>		Address <i>Cockeysville-Ind.</i>	
Accident or Suicide? <i>No</i>			

Funeral Friday 19th
at Poplar interment
in Church Cemetery

W. C. Burks

Name
in
Full

John H. Gurnall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

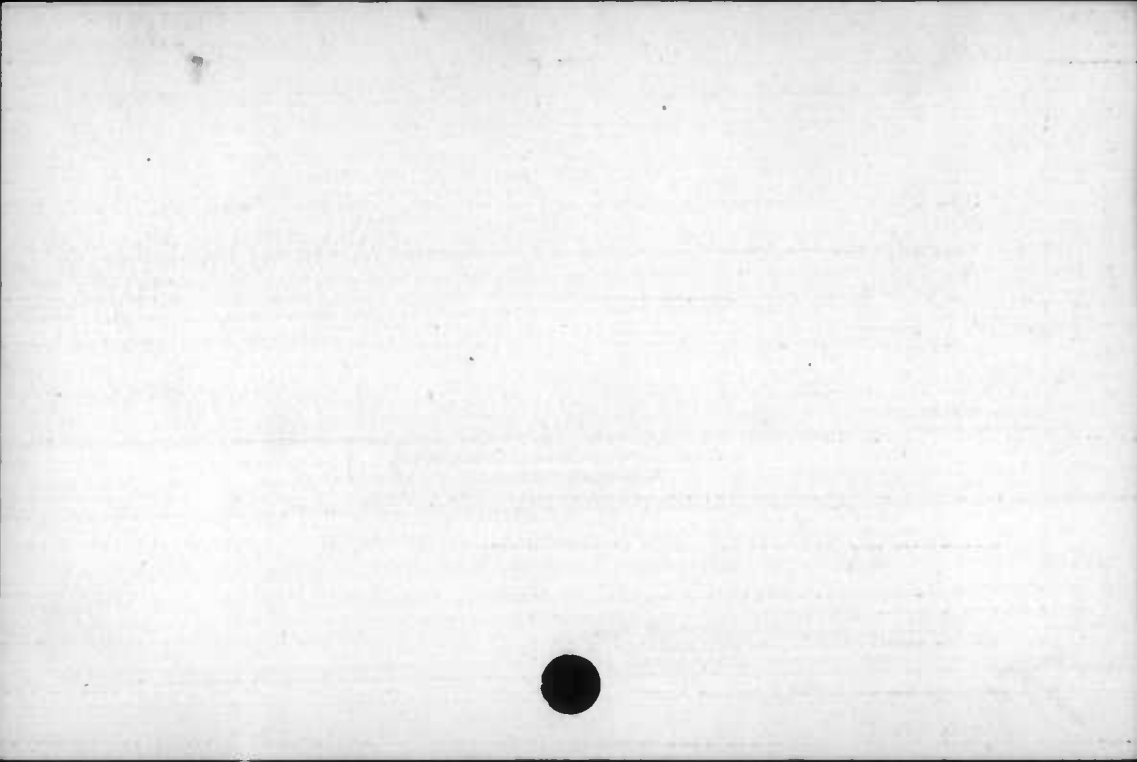
Died at <i>Not Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	23rd
Age	72	Years		Months	not known
Sex	male	Color or Race	white	Birth-place	Phila Pa
Occupation	Clerk		Where Residing if not at place of death <i>Phila Pa</i>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>not known</i>		
Father's Name	<i>not known</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	" "			Mother's Birthplace	" "
Name of person giving information	<i>Reed, Not Hope Retreat</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Mania Acute</i>	How long	<i>over 11 years</i>
Immediate	<i>Ex. Cardiac Asthenia</i>	How long	<i>abt 10 or 11 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Not Hope Retreat</i>	
		<i>Not Hope Md -</i>	
<i>Accident or Suicide?</i>			



Name
in
Full

CERTIFICATE OF DEATH

Christian Gwrick

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		Month 9	Day 2	Year 1904	Age 78	Months -	Days -
Sex Male		Color or Race White		Birth-place Germany			
Occupation Retired				Where Residing if not at place of death 3739 E. Lombard St.			
Married, Single or Widowed Widower		Name of Wife or Husband Gertrude Gwrick					
Father's Name Unknown				Father's Birthplace Germany			
Mother's Maiden Name Unknown				Mother's Birthplace Germany			
Name of person giving Information Mrs Richard Bauers				How related to deceased Daughter			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		Chronic Nephritis		How long 6 months	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. V. Othey			
Address		3200 Hubbard			
Accident or Suicide					

Mt. Carmel Conn.

Herwig Jon

3/4/09

Name
in
Full*Unknown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brooklandville* Town*Baltimore* CountyDate of death *1909 Feb* Month*25* DayAge *about 35* Years

Months

Days

Sex *male*Color or Race *negro*Birth-place *not known*Occupation *not known*Where Residing if not at place of death *not known*Married, Single or Widowed *not known*Name of Wife or Husband *not known*Father's Name *Not known*Father's Birthplace *not known*Mother's Maiden Name *not known*Mother's Birthplace *not known*Name of person giving information *Lawrence Murphy J.D.*How related to deceased *none*

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary

How long

Immediate

not known How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *William J. Todd*Address *W. Washington*Accident or Suicide *Accident - inquest. Feb 26 1909 3pm verdict as above.*

John Burns Sons
Touson

Balto. Co.

Alms House

Cemetery